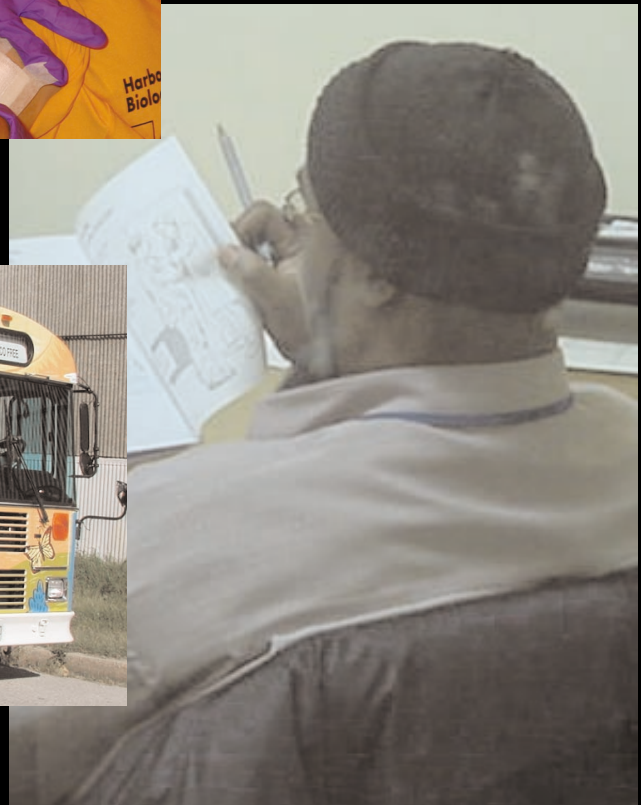


BALTIMORE CITY



Martin O'Malley
Mayor

Peter Beilenson, M.D., M.P.H.
Commissioner of Health

Health Status Report 2003



Baltimore City Health Status Report 2003



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Baltimore City Health Status Report 2003

INTRODUCTION

VISION

The vision of the Baltimore City Health Department, as the local health authority, is to serve as an architect and catalyst for needed policy development and change in the health and human services systems of Baltimore City. The Baltimore City Health Department will provide the advocacy and leadership necessary to ensure the protection and promotion of the health of Baltimore's citizens.

MISSION

The mission of the BCHD is to provide all Baltimore residents access to comprehensive, preventive, high-quality health services and care, as well as to ensure a healthy environment.

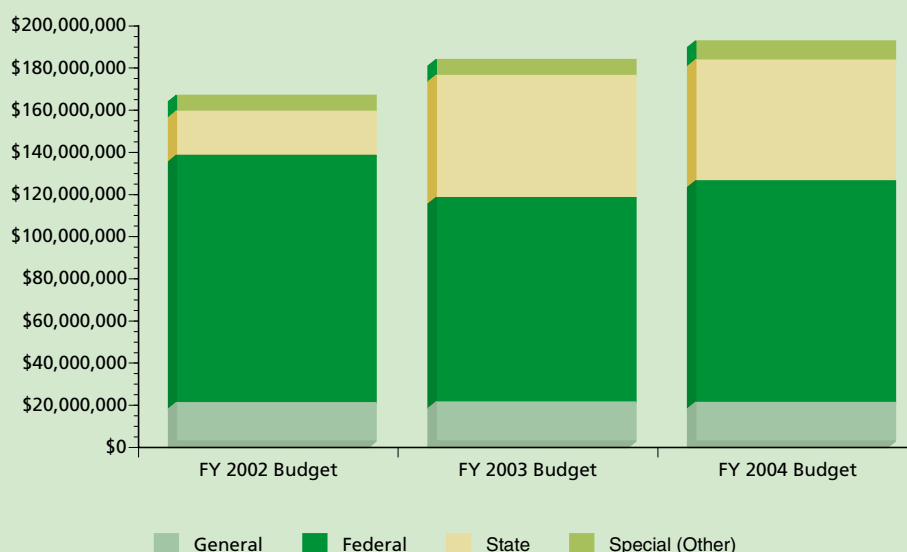
PRIORITIES

- ☒ To implement a system of Health Care for All
- ☒ To reduce substance abuse and related issues (i.e. HIV/AIDS, crime)
- ☒ To reduce incidence of syphilis and other sexually transmitted diseases
- ☒ To prevent child and adolescent morbidity and mortality
- ☒ To increase community participation in environmental health issues
- ☒ To increase cancer awareness and promote early detection

STAFF

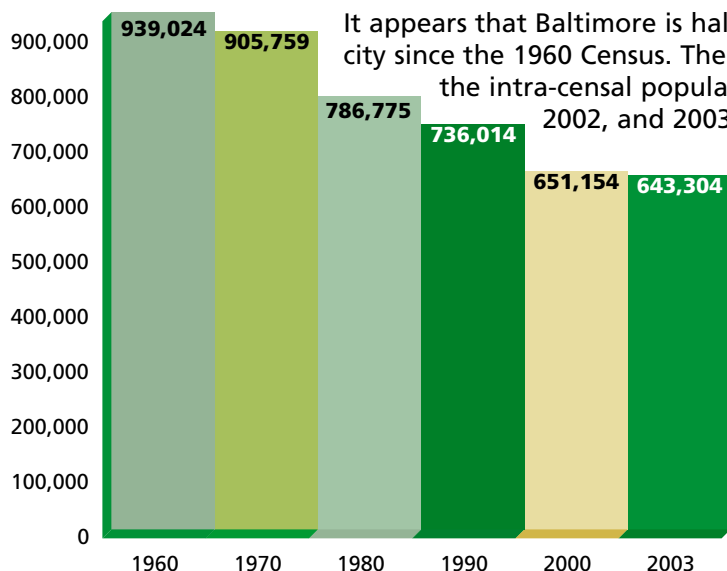
The Baltimore City Health Department employs 564 full-time employees. Part-time and temporary staff levels fluctuate to meet the Department's requirements.

HEALTH DEPARTMENT BUDGET



Source: Fiscal 2004 Agency
Detail BOE Recommendations

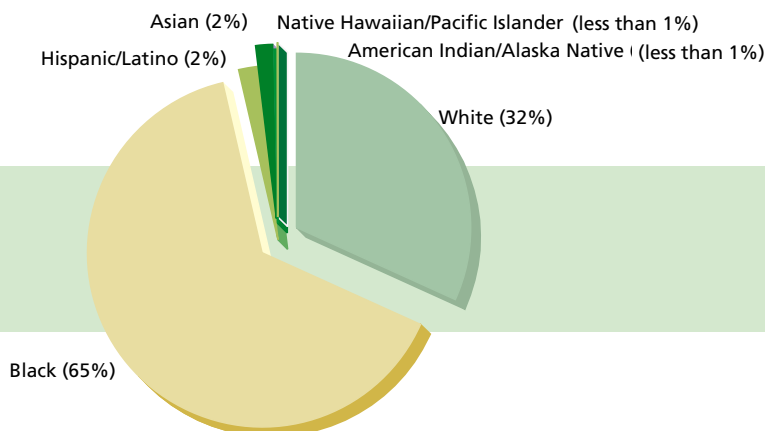
BALTIMORE CITY POPULATION TREND



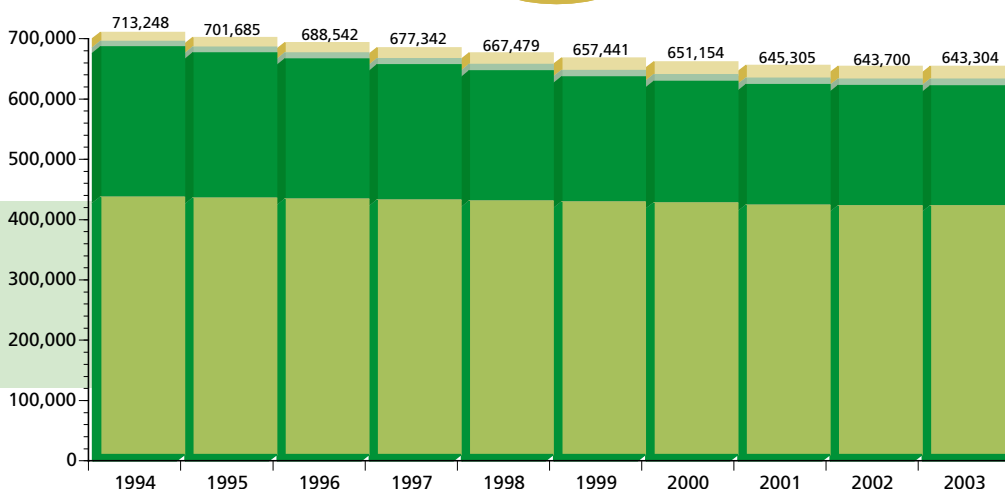
It appears that Baltimore is halting the population decline that has impacted the city since the 1960 Census. The US Bureau of the Census recently revised upward the intra-censal population estimates for Baltimore City for the years 2001, 2002, and 2003. The revisions ultimately added over 14,000 persons to the current population estimate. Because these are newly-accomplished changes (late in 2004), the demographic breakdowns that usually accompany these estimates are not yet available.

So that this report will at least have provisional data available for comparisons of each year, the Census 2000 percentages of each demographic category (i.e, sex, age, race) were applied to the revised total population figures, and rates calculated from the results. In a few cases, only Census 2000 data (and not the intra-censal data) is utilized, and this is stated in the source notation.

POPULATION RACE PERCENTAGES



POPULATION RACE TRENDS



Non-Hispanic Black	426,609	424,940	423,270	421,600	419,931	418,261	417,009	413,253	412,225	411,972
Non-Hispanic White	249,073	240,811	232,549	224,287	216,025	207,763	201,566	199,786	199,290	199,167
Hispanic	9,072	9,418	9,764	10,110	10,456	10,802	11,070	10,970	10,943	10,936
Other	15,194	16,294	17,394	18,494	19,593	20,693	21,518	21,295	21,242	21,229

Source for all: US Census Bureau

Baltimore's Youth

Infant Mortality

Natality Summary

Teen Birth Rate

Immunizations

Elevated Blood Levels in Children

EBL Trends

Abatement

Asthma

Prevalence

Hospitalizations

Medicaid Enrolled Children

HEADLINES

Teen Birth Rate Reaches All-Time Low

Lead Poisoning Decreases by Over 60% in All Categories

School Immunizations at 99.7%

Innovative and Aggressive Programs Combat Asthma

INFANTS AND CHILDREN

INFANT MORTALITY

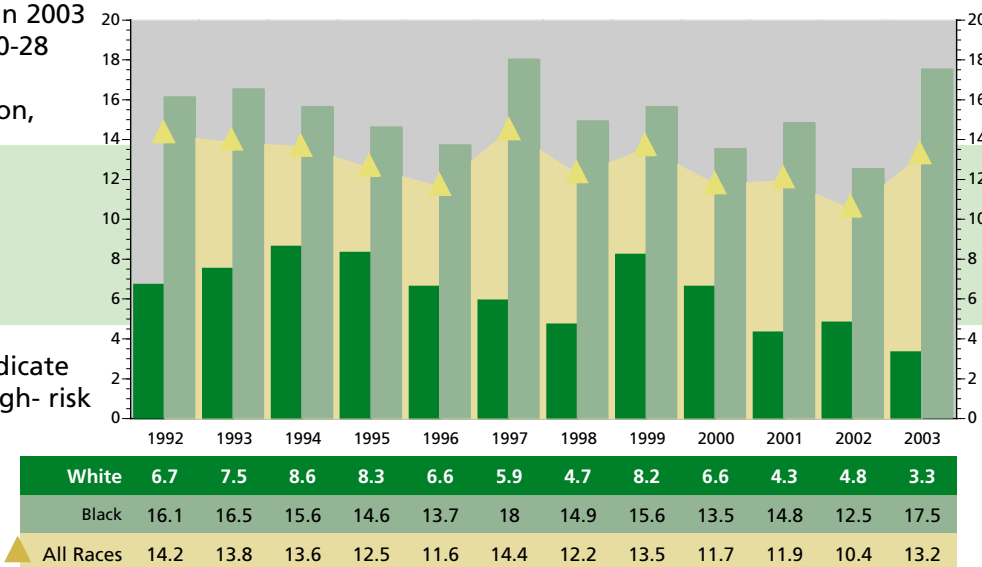
The infant mortality rate increased to 13.2 per 1,000 live births, up from 10.4 in 2002 and only slightly lower than the 1999 rate.

Despite the increase in infant mortality, overall pregnancy outcomes in Baltimore continue to improve. The 2003 fetal mortality rate fell to below 13.0, an all-time low in Baltimore. Thus, the combined fetal-infant mortality rate decreased from 2002 to 2003.

More than 60% of infant deaths in 2003 occurred in the neonatal period (0-28 days) and 2003 saw an increase in deaths less than 26 weeks gestation,

INFANT MORTALITY TREND

compared with 2002. The data indicate that improved management of high-risk pregnancies may have led to a shift from fetal deaths to viable births. Extremely low gestation and birth weight babies, who would have previously met fetal demise, are now possibly being delivered and surviving for a few minutes or hours.



Source for all data on this page: Maryland Department of Health and Mental Hygiene

The Baltimore City infant mortality rate for blacks (17.5/1000) was higher than the Maryland State rate of 14.7, while the rate for whites (3.3/1000) was lower than state rate of 5.4 per 1000 live births, indicating a growing racial disparity in Baltimore.

EFFORTS

- ✓ Reached out to families through home visiting to ensure they receive appropriate care – family planning, prenatal care and substance abuse treatment if needed.
- ✓ Educated the public about safe sleeping for infants to prevent SIDS (Sudden Infant Death Syndrome) and SUDI (Sudden Unexplained Death in Infancy – where suffocation cannot be ruled out).
- ✓ Led multi-agency review of fetal and infant death cases with the Fetal and Infant Mortality Review Team and Child Fatality Review Team to develop prevention strategies.
- ✓ Programs that provide home visiting services are the Health Department's own Maternal and Infant Nursing program, Healthy Start, Inc., Success by Six, and Baltimore HealthCare Access, Inc.

GOAL: The infant mortality rate will decrease to less than 10 per 1000 by 2005

NATALITY SUMMARY

Birth Indicators, Baltimore City, 2003					
Variable	Total	White	Black	Other	Hispanic
Live Births	9,057	2,413	6,359	200	342
Births to Teens 17 yrs and younger	705	85	616	1	22
Births to Teens 18 and 19	989	144	835	4	26
Live Births with No Prenatal Care	215	38	176	1	9
Infant Deaths	120	8	111	0	2
Neonatal Deaths	80	5	74	0	1
Postneonatal Deaths	40	3	37	0	1
Percent Low Birth Weight	13.7%	9.3%	15.7%	6.0%	6.7%
Infant Mortality Rates (per 1,000 Live Births)	13.2	3.3	17.5	0	0

Percent Receiving 1st Trimester Care	Maryland	Baltimore
1995	88.0	77.5
1996	88.3	77.7
1997	88.9	63.0
1998	87.9	78.3
1999	87.0	75.9
2000	86.4	74.9
2001	83.7	74.5
2002	84.1	75
2003	82.6	72.5

Comparative Natality Indicators 2003	Baltimore	Maryland
% Late/ No Prenatal Care	6.3	3.8
% Low Birth Weight	13.7	9.1
% Very Low Birth Weight	3.1	1.9
Infant Mortality Rate	13.2	8.1

TEEN BIRTH RATE

Baltimore City recorded the lowest teen birth rate in its history in 2003, at 71.1 per 1,000 population. This represents a 63% decline since 1960, when nearly one in five young women aged 15-19 gave birth. A 37% decline has been achieved over the past decade alone.

EFFORTS

✓ **School-Based Health Clinics** provide contraception and reproductive education, and STI screenings

FERTILITY RATES BY AGE OF MOTHER (PER THOUSAND)

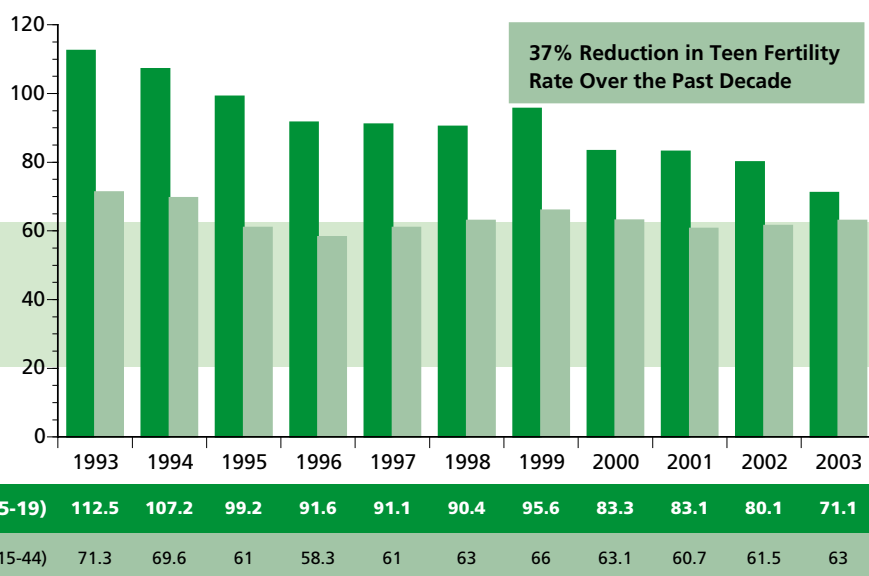
✓ **Healthy Teens and Young Adults** program provides a range of reproductive services similar to those found in the school-based clinics, available to all youths, not just those enrolled in school. STD treatment and HIV testing, counseling, and referral are also offered.

✓ **Pregnancy prevention education outreach** efforts include appearances at public events, fairs, community groups, and churches, providing evidence-based sex

LIVE BIRTHS PER 1,000 POPULATION BY AGE

education curricula and information.

✓ **After-school activity for youth** incorporates the successful Carrera model, a specific, evidence-based program that focuses on African-American youth in West Baltimore and Latino youth in East Baltimore. A full complement of educational programs and activities are offered, including pregnancy prevention education, mental health, and employment development.



Births Per 1,000 by Age	2000	2001	2002	2003
Under 15	3.9	3.6	2.8	2.9
15-19	83.3	83.1	80.1	71.1
20-24	110.0	100.0	104.5	108.3
25-29	83.4	81.7	80.6	88.1
30-34	66.0	60.6	67.6	67.3
35-39	30.1	33.0	30.1	36.2
40-44	6.7	6.1	6.9	7.1
45-49	0.2	0.0	0.7	0.4
General Rate	63.1	60.7	61.5	63.0

Source for all data on this page: Maryland Department of Health and Mental Hygiene

GOAL: The teen birth rate will decrease to 75 per 1,000 by 2005... met in 2003!

IMMUNIZATIONS

Baltimore is #1 in the Mid-Atlantic Region in 4:3:1 Combined Series (DPT/Polio/MCV) coverage at 81.4%

Public School Immunization Compliance is at 99.71%. Private School Compliance is at 96%.

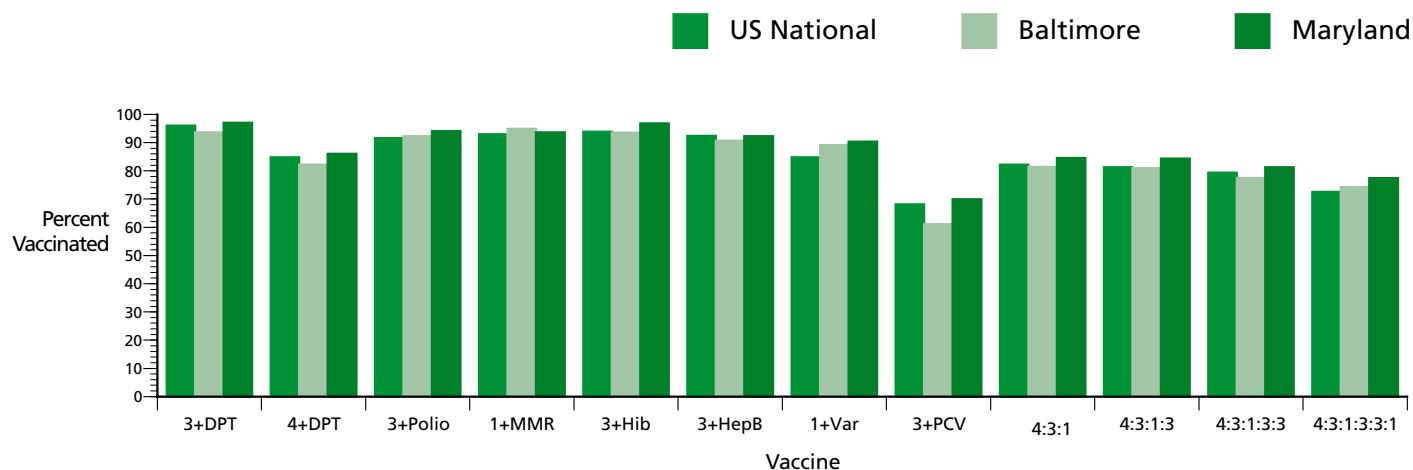
EFFORTS

- ✓ Provided education to daycare centers regarding immunization requirements, checking immunization records, and other important immunization related updates.
- ✓ Focused on new pneumonia and Hepatitis A vaccines for children.
- ✓ Enhanced immunization coverage for children enrolled in the WIC Program.
- ✓ Ensured that immunization-deficient children receive the appropriate shots from a health care provider or the TIKE Van.
- ✓ Provided outreach for children in out-of-home care.
- ✓ Participated in community-based health fairs, which includes dissemination of educational materials.

GOAL: Increase the immunization coverage rate for two-year-olds to 80% in 2003. For FY04, maintain immunization rate above 99% for public schools (K-12), and attain 98% rates for private schools.

ESTIMATED VACCINATION COVERAGE AMONG CHILDREN 19-35 MONTHS OF AGE, 2003

	US National	Maryland	Baltimore
3+DPT	96.0±0.5	97.1±2.2	93.6±3.7
4+DPT	84.8±0.8	86.0±5.2	82.2±6.1
3+Polio	91.6±0.7	94.1±3.4	92.3±4.1
1+MMR	93.0±0.6	93.7±4.0	94.9±3.4
3+Hib	93.9±0.6	96.8±2.2	93.5±3.7
3+HepB	92.4±0.6	92.3±4.2	90.7±4.1
1+Var	84.8±0.8	90.4±4.3	89.1±4.7
3+PCV	68.1±1.0	69.9±6.1	61.1±7.2
4:3:1	82.2±0.9	84.6±5.3	81.4±6.1
4:3:1:3	81.3±0.9	84.3±5.3	80.9±6.1
4:3:1:3:3	79.4±0.9	81.3±5.8	77.4±6.4
4:3:1:3:3:1	72.5±1.0	77.4±5.9	74.3±6.6



Source: National Immunization Survey, Centers for Disease Control and Prevention

ELEVATED LEAD LEVELS IN CHILDREN

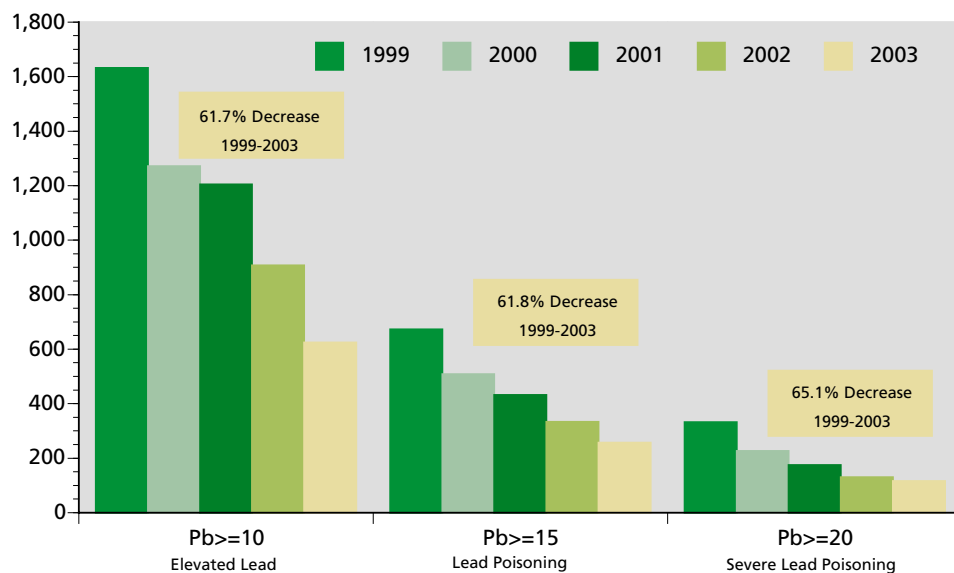
From 1999-2003, lead poisoning decreased by over 60% in all categories of concern.

EFFORTS

- ✓ Helped decrease the number of children (0-36 months) with blood levels above 10 µg/dl by over 60% since 1999 (see chart).
- ✓ Filed 597 enforcement actions in the four years since the Lead Initiative's inception. During the 1990's, no enforcement actions were filed against property owners in Baltimore City.
- ✓ Created 744 lead-safe housing units in Baltimore City since January, 2001.

GOAL: To eliminate childhood lead poisoning by 2010.

ELEVATED LEAD LEVELS DECLINE



1999	1,632	673	332
2000	1,271	508	226
2001	1,205	432	175
2002	908	333	130
2003	625	257	116

What is Lead Abatement?

During the past ten years, Baltimore City has **abated** over 1,800 properties found to have significant amounts of lead. Two programs, the Lead Paint Initiative, and the Lead Abatement Action Program, provide funding for **abatement** activities:

- ✓ Window replacement
- ✓ Door treatments to eliminate loose paint and friction surfaces
- ✓ Floor and wall treatments/enclosures to eliminate peeling, deteriorating, and friction conditions
- ✓ Replacement of very deteriorated leaded building components
- ✓ Porch and siding treatments to eliminate loose paint
- ✓ Paint stabilization throughout the interior
- ✓ Exterior roof work (to protect the integrity of the lead work)
- ✓ Interior plumbing as needed (to protect the integrity of the lead work)
- ✓ Specialized interior cleaning, to minimize lead dust and pass environmental clearance

Source: Baltimore City Health Department,
Mayor's Initiative on Childhood Lead
Poisoning

ASTHMA

Over 49,000 residents of Maryland have asthma; more than 11,000 of them are children who live in Baltimore City. Current prevalence of asthma in Maryland is 7.5% of the total population (2000 Census). Prevalence of all Baltimore City

ASTHMA PREVALENCE (PER 1,000 POPULATION) BY RACE (CHILD MEDICAID ENROLLEES)

residents is 10.6%; the rate for Baltimore City children is greater than 11% and rising.

Key Comparison

Emergency Room Visits for Asthma

Maryland, 72.8/10,000

Washington DC, 53.7/10,000

Baltimore City, **187.8/10,000**

All rates for Baltimore City, including emergency care, hospitalizations, and prevalence are higher than national averages.

EFFORTS

- ✓ Fluid patient census of around

ASTHMA PREVALENCE (PER 1,000 POPULATION) BY AGE (CHILD MEDICAID ENROLLEES)

144 children, more than half enrolled this year

- ✓ Home interventions approaching 500 per year

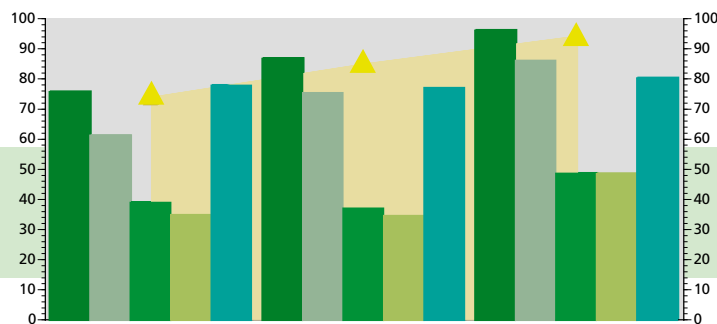
- ✓ EPA grant awarded to measure indoor air quality in 80-90 homes, especially in higher incidence areas

- ✓ Use of the BASS system to investigate relationships between asthma health indicators and indoor and outdoor air quality parameters.

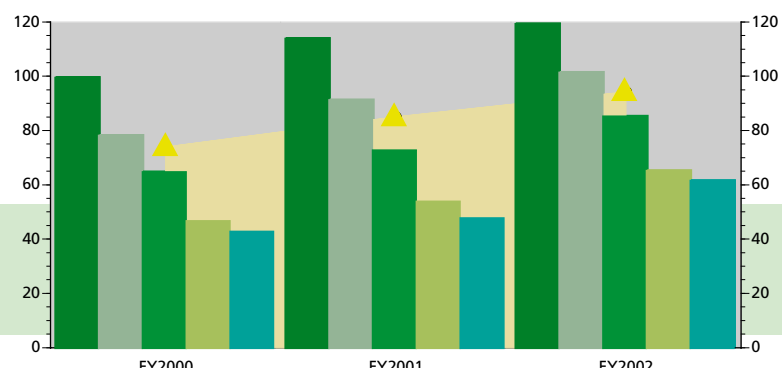
ASTHMA PREVALENCE (PER 1,000 POPULATION) BY SEX (CHILD MEDICAID ENROLLEES)

- ✓ Rejuvenation of the Greater Baltimore Asthma Alliance, a community based network of asthma stakeholders

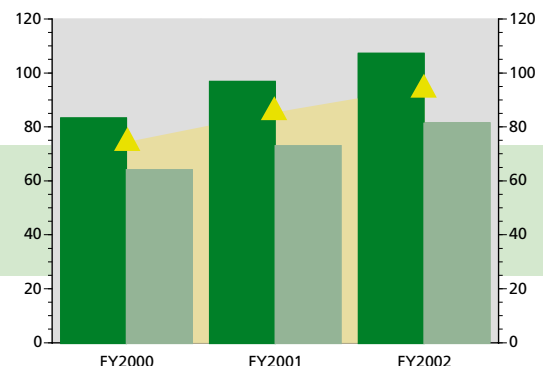
Sources: Baltimore City Health Department, Maryland Department of Health and Mental Hygiene, Maryland Health Services Cost Review Commission, Baltimore City Data Collaborative, US Census



	FY2000	FY2001	FY2002
Black	76	87.1	96.4
White	61.5	75.7	86.4
Hispanic	39.2	37.3	48.9
Other	35.2	34.9	48.8
Unknown	78.1	77.4	80.6
Overall	73.9	84.9	94.2



	FY2000	FY2001	FY2002
0-4 years	99.8	114.2	119.6
5-9 years	78.5	91.6	101.7
10-14 years	65	73.1	85.6
15-19 years	47	54.2	65.5
20 years only	43.1	48.1	61.8
Overall	73.9	84.9	94.2



	FY2000	FY2001	FY2002
Male	83.4	96.9	107.3
Female	64.4	73.3	81.6
Overall	73.9	84.9	94.2

ASTHMA HOSPITALIZATIONS: CHILD MEDICAID ENROLLEES

☑ Seeking to further improve indoor environments with two new initiatives: one to impact two large city housing projects, the other to provide nearly a hundred homes with significant remediation of asthma triggers affecting children.

GOALS: To determine the incidence of asthma as well as all factors—environmental or health care access, affecting the severity of asthma in children. To increase and adjust current interventions to make the greatest impact on children diagnosed with asthma, as well as to establish preventive measures directed at reducing incidence and severity of disease.

Sources: Baltimore City Health Department, Maryland Department of Health and Mental Hygiene, Maryland Health Services Cost Review Commission, Baltimore City Data Collaborative, US Census

Asthma Hospitalizations			2000		2001		2002	
Number of Visits			Number of Children	Total Number of Visits	Number of Children	Total Number of Visits	Number of Children	Total Number of Visits
Outpatient								
1	2,645	2,645	2,699	2,699	3,277	3,277		
2	655	1,310	658	1,316	797	1,594		
3	217	651	229	687	282	846		
4	97	388	70	280	104	416		
5	40	200	33	165	48	240		
6	18	108	20	120	19	114		
7	7	49	5	35	10	70		
8	12	96	4	32	7	56		
9	0	0	0	0	5	45		
10	2	20	1	10	1	10		
11	3	33	0	0	1	11		
12	0	0	0	0	1	12		
15	0	0	0	0	1	15		
35	0	0	0	0	1	35		
Total	3,696	5,500	3,719	5,344	4,554	6,741		
Inpatient								
1	755	755	636	636	916	916		
2	90	180	70	140	105	210		
3	25	75	17	51	16	48		
4	6	24	7	28	6	24		
5	4	20	3	15	5	25		
6	2	12	1	6	1	6		
7	3	21	1	7	0	0		
Total	885	1,087	735	883	1,049	1,229		
Emergency Room								
1	1,895	1,895	2,113	2,113	2,152	2,152		
2	371	742	448	896	463	926		
3	115	345	119	357	138	414		
4	35	140	51	204	44	176		
5	17	85	15	75	22	110		
6	3	18	13	78	8	48		
7	2	14	3	21	5	35		
8	1	8	3	24	2	16		
9	2	18	1	9	0	0		
10	0	0	0	0	0	0		
11	0	0	1	11	0	0		
Total	2,441	3,265	2,767	3,788	2,834	3,877		

MEDICAID ENROLLED CHILDREN

Table 1. Demographic Characteristics of all Medicaid-enrolled children, Baltimore City FY2000-2002

	FY2000	FY2001	FY2002
Age Group			
0-4 years	33,553	32,924	33,933
5-9 years	34,268	30,555	29,949
10-14 years	30,095	29,985	31,407
15-19 years	24,021	23,216	24,675
20 years only	3,640	2,887	3,157
Race			
Black	109,334	103,823	106,300
White	13,461	12,157	12,674
Hispanic	1,147	1,314	1,636
Other	596	887	676
Unknown	1,063	1,408	1,860
Gender			
Male	62,071	58,659	60,579
Female	63,530	60,930	62,567
Total	125,601	119,589	123,146

Sources: Baltimore City Health Department, Maryland Department of Health and Mental Hygiene, Maryland Health Services Cost Review Commission, Baltimore City Data Collaborative, US Census

Note: Due to age data omissions in the original data, the "Age Group" category's totals are lower than the overall Total indicated on the bottom row.

Substance Abuse

Substances of Abuse

Benefits of Drug Treatment

Drug Treatment Funding

Treatment Service Levels

Tobacco Cessation

Nearly 25,000 Persons Seek Substance Abuse Treatment

HEADLINES Funding and Drug Treatment Slots Reach All-Time High
African-Americans Successfully Stop Smoking

SUBSTANCE ABUSE

These numbers are a composite of primary, secondary and tertiary substances of abuse as reported at admission to treatment centers by approximately 24,700 substance abusers seeking treatment in 2003, and some 22,000 in 2002.

Substances of Abuse	2002		2003	
	Number	Percentage	Number	Percentage
Heroin	15,866	71.26%	17,593	71.23%
Non- Rx Methadone	298	1.34%	305	1.23%
Other Opiates and Synthetics	30	1.37%	350	1.42%
Alcohol	8,471	38.00%	9,625	38.97%
Barbiturates	53	0.24%	53	0.24%
Other Sedatives and Hypnotics	165	0.74%	165	0.74%
Hallucinogens (Other than PCP)	73	0.33%	79	0.32%
Cocaine / Crack	11,695	52.46%	13,177	53.35%
Marijuana / Hashish	4,353	19.53%	4,843	19.16%
Methamphetamines	13	0.06%	26	0.11%
Other Amphetamines	32	0.14%	30	0.12%
Inhalants	11	0.05%	11	0.04%
PCP	47	0.21%	45	0.18%
Other Stimulants	6	0.03%	20	0.08%
Benzodiazepane	267	1.20%	337	1.36%
Other Tranquilizers	36	0.16%	36	0.15%
Over the Counter	5	0.02%	24	0.10%
Other	19	0.09%	8	0.03%
Steroids	9	0.04%	9	0.04%

Source: Baltimore Substance Abuse Systems, Inc.

BENEFITS OF DRUG TREATMENT

Drug treatment saves lives.

The biannual Drug Abuse Warning Network (DAWN) survey of 21 major metropolitan areas conducted by the Office of Applied Studies at the Substance Abuse and Mental Health Administration found that in Baltimore City drug-related emergency room visits dropped 18% between 1999 and 2001, the largest two-year drop of any city in the country. Combined with effective policing, increased funding of drug treatment in Baltimore City resulted in a 29% drop in violent crime between 1999 and 2002. Both of these decreases occurred despite national increases in crime and drug-related emergency room visits.

Drug treatment is effective.

Independent evaluations of Baltimore's publicly funded treatment system, like Steps to Success: Baltimore Drug and Alcohol Treatment Outcomes Study (2002), show that drug treatment provides a generous return on investment of public dollars, both financially and in the improvement of public health and safety. "Steps to Success", a study that followed 1,000 clients of Baltimore's treatment system found that one year after entering treatment:

- * **Heroin use fell 69% and cocaine use fell 48%**
- * **Illegal income fell 69%**
- * **Arrests fell 38%**
- * **Legal income increased 67% and days worked increased 52%**

The study further found that for every 1,000 people treated over a twelve-month period, society saves \$3,214,200 in illegal income, 63,600 days of crime, and over 210,000 days of cocaine and heroin use. This is particularly impressive because a "failure rate" is built in - - the study's findings include individuals who left treatment after as little as one session.

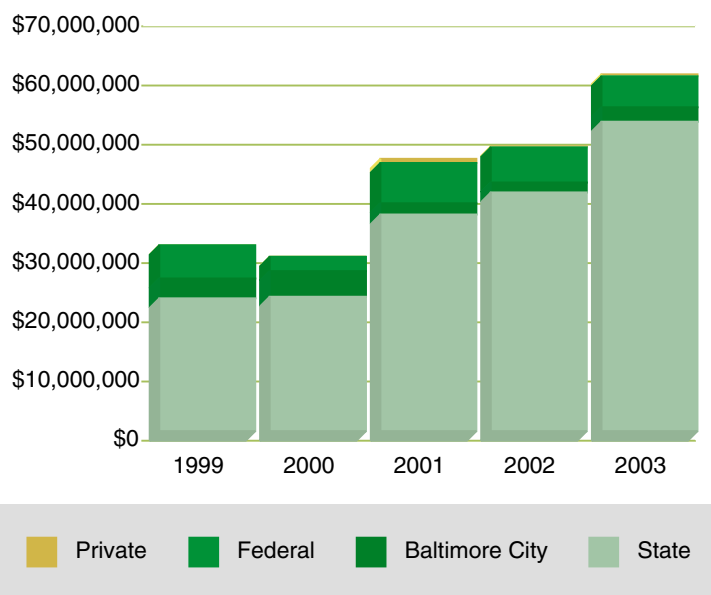
Drug treatment saves money.

Baltimore City's publicly funded treatment system currently serves approximately 22,000 individuals. The best estimates are that 40,000 of the 60,000 Baltimore City residents who use illicit drugs in any given year would seek treatment if it were available (source: State of Maryland Alcohol and Drug Abuse Administration). Perhaps the clearest illustration of the cost effectiveness of drug treatment is that based on National Institute on Drug Abuse calculations, ***20,000 untreated addicts cost the City and the State of Maryland over \$1.041 billion annually, 19 times as much as the \$54 million cost of treating them.***

DRUG TREATMENT FUNDING

Drug treatment funding increased nearly 100% from \$31 million in FY 1999 to \$60 million in FY 2003.

Fiscal Year	State	Baltimore City	Federal	Private	Total
1999	\$22,440,297	\$3,354,748	\$5,621,919	\$0	\$31,416,964
2000	\$22,664,039	\$4,355,306	\$2,425,576	\$0	\$29,444,921
2001	\$36,558,978	\$1,908,856	\$6,807,094	\$723,415	\$45,998,343
2002	\$40,306,445	\$1,658,856	\$5,959,292	\$156,000	\$48,080,593
2003	\$52,245,610	\$2,460,418	\$5,230,098	\$320,000	\$60,256,126



* Slight drop in funding in 2000 due to a reduction in some federal funds.

DRUG TREATMENT CAPACITY

Drug treatment capacity increased by 2,096 slots or 33% from 6,448 in FY 1999 to 8,544 in FY 2003.**

Fiscal Year	Funds	Treatment Slots	Annual Clients
1999	\$31,416	6,448	16,046
2000	\$29,444	6,515	18,118
2001	\$45,998	7,484	19,558
2002	\$48,080	7,598	22,274
2003	\$60,256	8,544	25,337

** Rate of treatment slot is less than fund increase due to: 1) A large number of slots purchased were in the most costly levels of care (i.e. residential detoxification and long-term residential), and 2) some ancillary (or non-slot) services were purchased, such as treatment counselors at every DSS office and hospital, etc.

SUBSTANCE ABUSE TREATMENT SERVICES RENDERED

Goal: To increase substance abuse treatment capacity

EFFORTS

✓ Started 5 new programs—Gaudenzia, Second Genesis, Turning Point, Druid Heights, Metropolitan Transition Center

✓ Created 92 more slots for drug court offenders

✓ Baltimore Believe resulted in 1,800 treatment admissions

✓ Placed addictions assessor at every Baltimore City DSS office

✓ Drug treatment capacity increased by 2,096 slots or 33% from 6,448 in FY 1999 to 8,544 in FY 2003.

Goal: Ensure access to a comprehensive continuum of treatment services for persons addicted to drugs and alcohol

EFFORTS

✓ Instituted enhancement services at 5 sites (primary health care, mental health care, vocational and housing counseling, and case management)

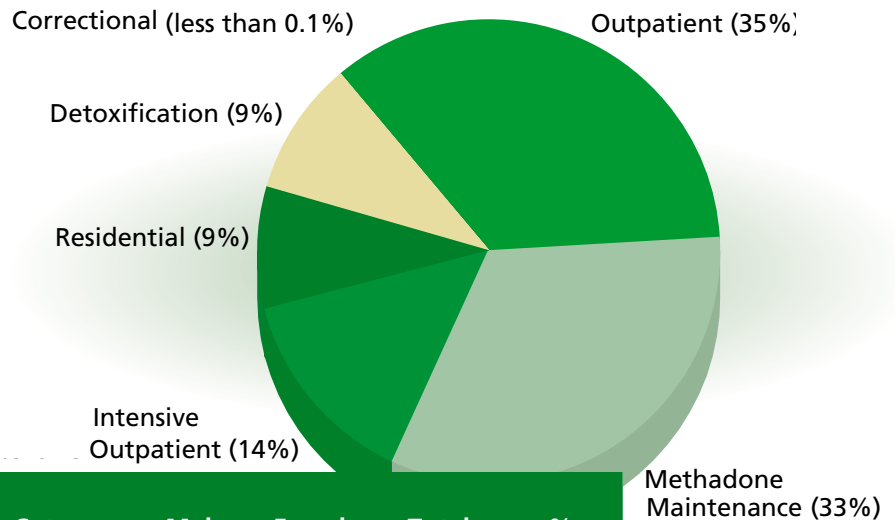
✓ Increased services to women with drug affected newborns and child welfare custody issues

✓ Began city-wide methadone home delivery system for incapacitated patients

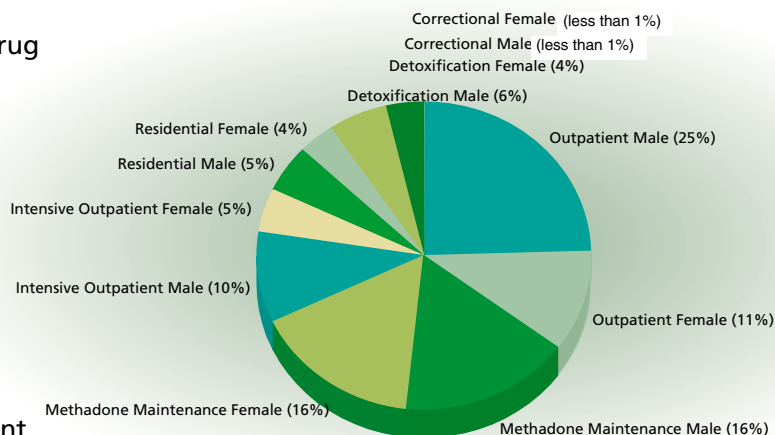
✓ Served over 580 children at drop-in child care sites

✓ Began DrugStat – First U.S. model for monitoring and improving treatment effectiveness

✓ Established Strategic alliance with City's mental health system to increase and improve services for dually diagnosed patients



Service Category	Male	Female	Total	%
Outpatient	6,066	2,625	8,691	35.2%
Methadone Maintenance	4,064	4,022	8,086	32.7%
Intensive Outpatient	2,352	1,134	3,486	14.1%
Residential	1,232	871	2,103	8.5%
Detoxification	1,417	911	2,328	9.4%
Correctional	1	4	5	0.2%



Source: Baltimore Substance Abuse Systems, Inc.

TOBACCO USE PREVENTION AND CESSATION EFFORTS FOR YOUTH AND ADULTS

Tobacco use is the most preventable cause of disease and death. Baltimore City has the highest rates of oral and lung cancer mortality in Maryland. This fact is directly attributable to tobacco use.



Since the inception of the Cigarette Restitution Fund Program, state statistics show that in Baltimore City, the number of adults smoking cigarettes declined from 28.3% in 2000 to 23.6% in 2002.

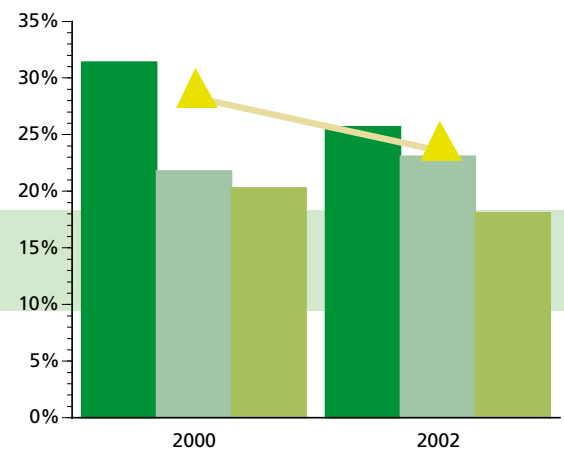
The most significant decline has been in the minority population – i.e., 31.4% in 2000 to 25.7% in 2002. In terms of youth, the 18.1% figure in 2002 replaced the 2000 statistic of 20.3%.

EFFORTS

- ✓ The SmokeFree Baltimore Tour bus serves as a mobile classroom/museum which travels throughout the city in order to educate high-risk populations on the hazards of tobacco use.
- ✓ Enforcement of tobacco control policies and laws is deterring violators with respect to minors' access to tobacco and smoking in public places.
- ✓ Provide merchant education regarding tobacco control laws in English, Spanish, Greek, Chinese and Korean to ensure comprehension and compliance.
- ✓ To date, collected \$173,495 as a result of tobacco citation fines. These revenues are used to support drug treatment slots.

GOAL: *To reduce disease, disability and death related to tobacco use.*

CIGARETTE USE DECLINE



Black Adult	31.4%	25.7%
White Adult	21.8%	23.1%
Youth	20.3%	18.1%
Overall Adult	28.3%	23.6%

Source: First Annual Tobacco Study, Cigarette Restitution Fund Program, Maryland Department of Health and Mental Hygiene

Sexually Transmitted Diseases

Gonorrhea

Syphilis

HIV/AIDS

Indicators

HIV Incidence

by Race

by Sex

AIDS Incidence

by Race

by Sex

HIV/AIDS Prevalence

by Race

by Sex

AIDS Deaths

63% Decline in Gonorrhea Over the Past Decade

HEADLINES 77% Decline in Syphilis Since 1997

AIDS Survival Increases

SEXUALLY TRANSMITTED DISEASES

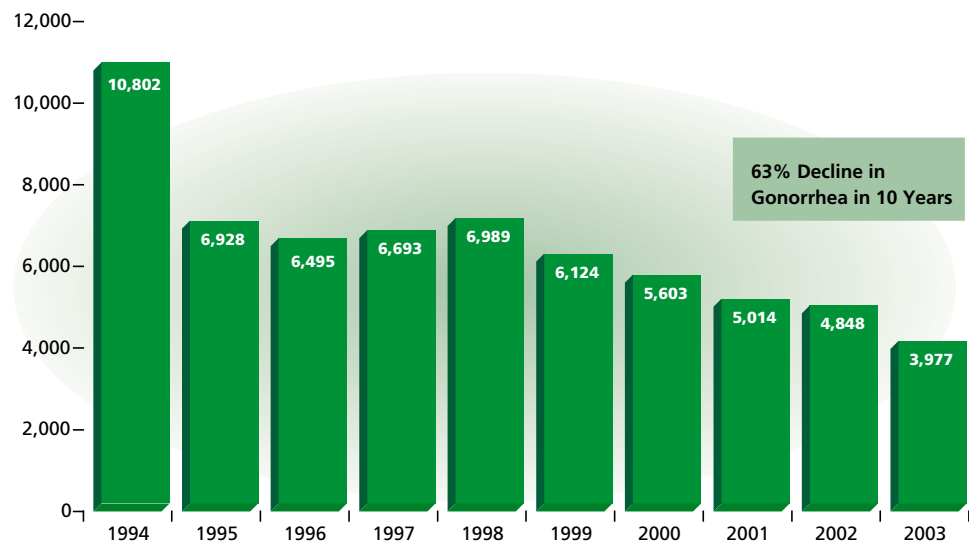
GONORRHEA

EFFORTS

✓ Increased communication and collaboration with the private medical community since more than 60 % of all cases of gonorrhea are treated and reported by private sector health care providers.

✓ Continued to ensure that all cases, in women reported from the private sector without documentation of treatment are followed up for care. Since its inception in 2002 more than 600 people, who otherwise may not have been treated until they developed more serious complications, were identified and treated.

INCIDENCE OF GONORRHEA



Source: Baltimore City Health Department

✓ Conducted educational presentations on STD treatment and reporting to more than 300 physicians.

✓ Increased publicly-funded tests for gonorrhea by more than 100% in the past three years.

GOAL: To reduce gonorrhea by 10-15% annually.

SYPHILIS

After a reduction in syphilis cases to 115 in 2002, there were 153 cases of primary and secondary syphilis reported during calendar year 2003, or a rate of 30.6 per 100,000 population. Numerous efforts have been implemented and continued in response to this substantial increase.

EFFORTS

✓ Sustained level of involvement of the Health Department with community organizations. Partners provide testing, counseling, and referral services to the Health Department and assist in the dissemination of information with the community-wide syphilis awareness campaign.

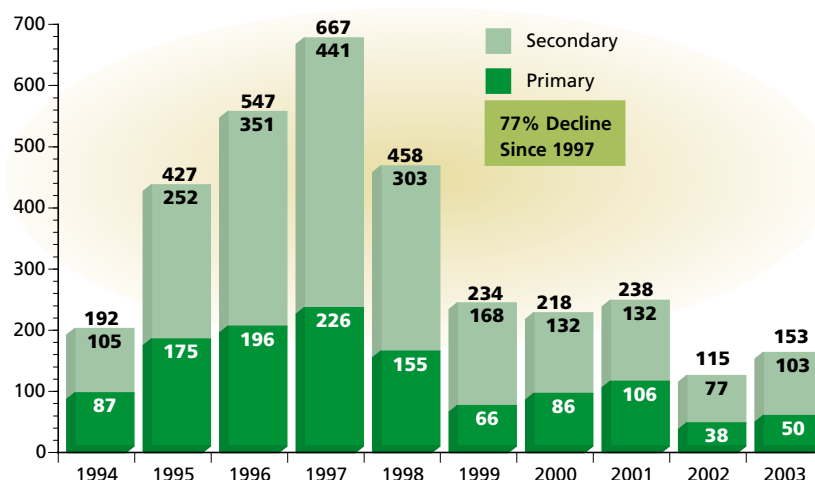
✓ Increased outreach to the medical provider community by the Health Department in 2003. This resulted in more timely and complete reporting of syphilis. Improved timeliness allowed Disease Intervention Specialists (DIS) to intervene more rapidly, thereby reducing the spread of disease.

✓ Coordinated a concerted effort (known as a Blitz) with staff from the Centers for Disease Control to limit the rapid increase that Baltimore City began to experience in the second quarter of 2004. As a result more than 1,200 people were screened and 14 new cases of syphilis were identified.

✓ In response to a 400% increase in incident syphilis in the Latino community, as part of the **Blitz** effort, BCHD organized an education and screening effort in the Latino community. We recruited thirty Spanish-speaking volunteers from HealthCare Access and Johns Hopkins Schools of Nursing and Public Health. They provided outreach and education to individuals and businesses. In addition 184 Latinos were screened within their neighborhoods.

GOAL: Elimination of syphilis (0.4/100,000 population) by 2008.

INCIDENCE OF SYPHILIS



Source: Baltimore City Health Department

HIV/AIDS

Indicator	2002		2001	
	Baltimore	% of Maryland Total	Baltimore	% of Maryland Total
HIV Incidence	1,128	51.0%	884	50.1%
AIDS Incidence	647	49.3%	710	50.6%
HIV Prevalence	7,552	51.6%	7,238	51.9%
AIDS Prevalence	5,643	48.4%	5,769	50.1%

(Note: Baltimore City's population represents approximately 12% of MD's total population)

Every eight hours, another person in Baltimore City becomes infected with HIV/AIDS.

AIDS is the *number-one* cause of death among 25-44 year-olds in Baltimore.

Female AIDS cases in Baltimore City (33%) are also higher than Maryland's (30%) and much higher than national female AIDS cases (26%).

Baltimore ranks #4 nationally in reported AIDS cases per 100,000 populations.

(MD Department of Health and Mental Hygiene, US Centers for Disease Control and Prevention, 2002)

Race and/or sex data is missing for some cases. Annual totals may not sum equally.

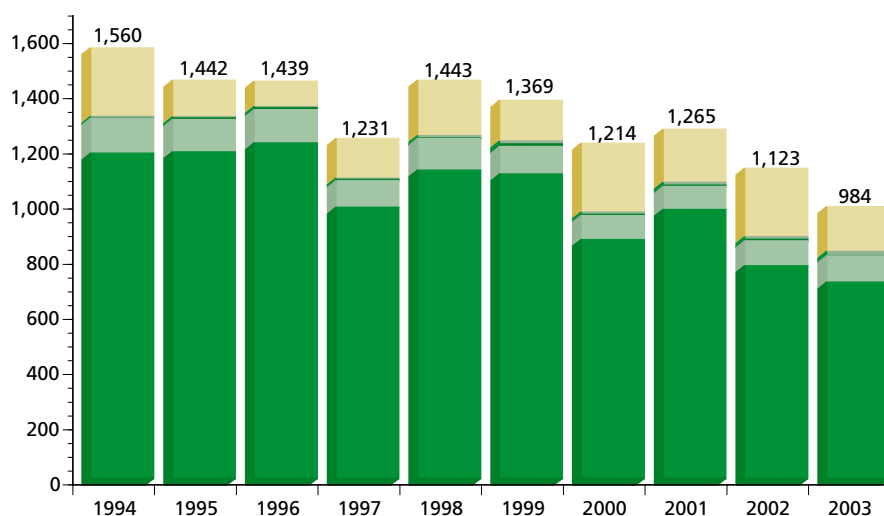
HIV INCIDENCE BY RACE, 1994-2003

EFFORTS

✓ **Testing** – STD clinics, Family Planning clinics, Men's Health Center, TB clinic

✓ **Northwest Initiative** – Coordinated effort by the City and State health departments has thus far led to a 68% increase in HIV testing and a 24% decline in new HIV cases in three zip codes (21215, 21216, 21217).

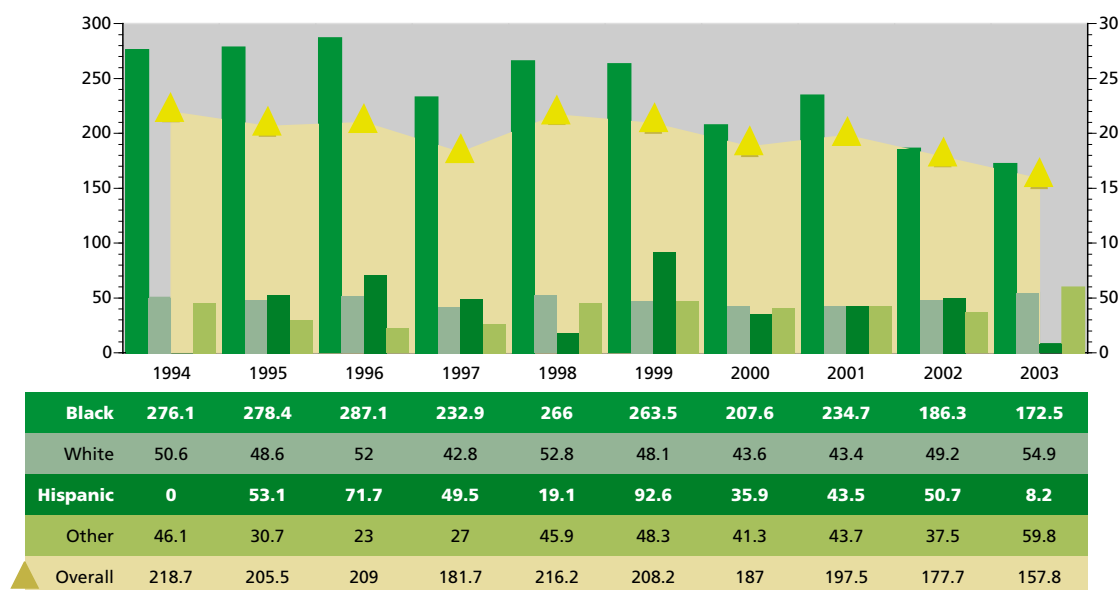
✓ **Stop the Stigma Media Campaign** – Social marketing campaign involving posters and radio PSAs for Baltimore regarding the stigmatization of HIV/AIDS in an effort to increase awareness, testing, and result acquisition.



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Black	1,178	1,183	1,215	982	1,117	1,102	865	974	770	710
White	126	117	121	96	114	100	87	83	90	96
Hispanic	0	5	7	5	2	10	4	5	6	1
Other	7	5	4	5	9	10	9	10	9	15
Missing	249	132	92	143	201	147	249	193	248	162

Source: Maryland AIDS Administration

HIV INCIDENCE RATE PER 100,000 POPULATION, BY RACE



Sources: Maryland AIDS Administration; US Census; rate calculations: Baltimore City Health Department

✓ **STD/HIV merger** – Common risk factors and common challenges make this a strategic merger.

✓ **Baltimore City Red Ribbon Outreach Project** – Innovative outreach mobile unit on the street since October, offering HIV counseling, testing, and referral at non-traditional sites during non-traditional hours.

✓ **Ryan White**

Title I – Contract volume increased from 170 to 207; the Quality Improvement Program has been highlighted as a national model of excellence and will be featured in a federal Health Resources and Services Administration training video.

HIV INCIDENCE BY SEX, 1994-2003

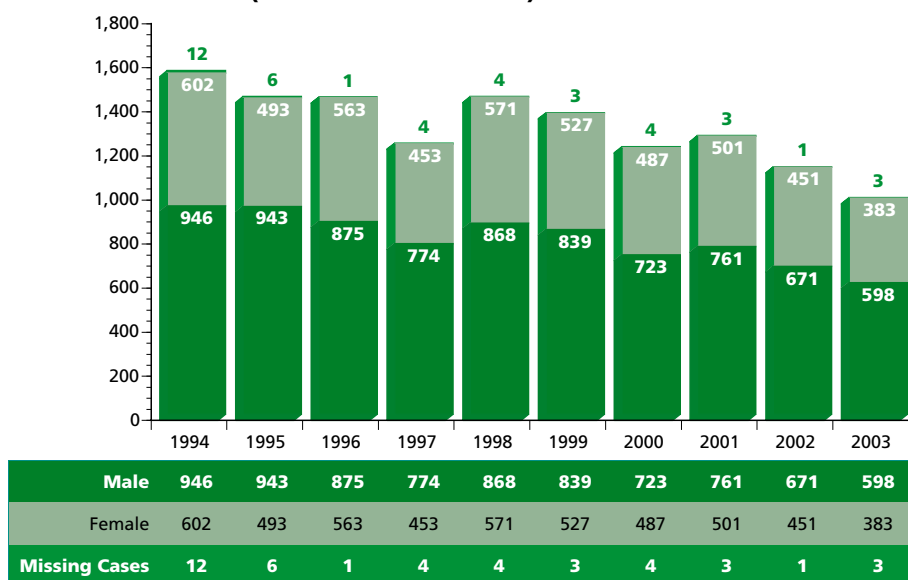
✓ **Needle Exchange Program** – reduces the likelihood of transmission of HIV, syphilis, and hepatitis.

✓ **Directly Observed Therapy** – an innovative treatment adherence program

✓ **Treatment Options Through Education** – connects HIV+ individuals to MEDAP, medical/social services

GOAL: To increase HIV counseling and testing efforts by administering 25,000 HIV tests.

HIV INCIDENCE (NUMBER OF CASES) BY SEX



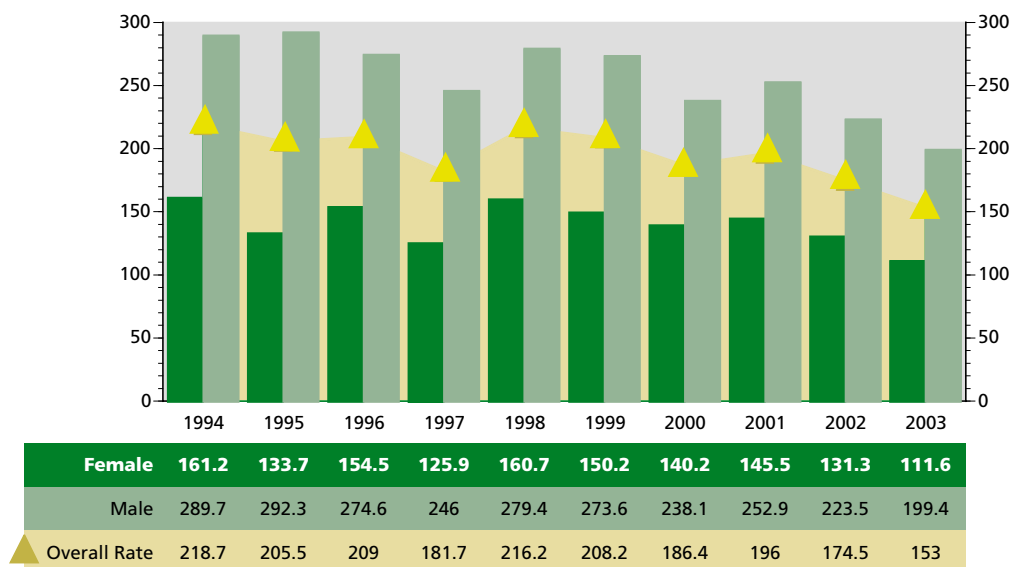
Source: Maryland AIDS Administration

HIV INCIDENCE RATES PER 100,000 POPULATION BY SEX

Rates Per 100,000

Population: An Important Note

For the years 2001-2003, the US Census recently provided revised population estimates for Baltimore City. These revisions did not include racial/ethnic or sex breakdowns. In order to calculate incidence and prevalence rates for these population segments, the percentages of these population segments, as figured from the 2000 Census, were applied to the 2001-2003 estimates to get estimates of these population segments, and rates-per-100,000 were then calculated.



Sources: Maryland AIDS Administration; US Census; rate calculations: Baltimore City Health Department

Anonymous Testing Sites

The Baltimore City Health Department funds sites that offer strictly anonymous HIV counseling and testing, including:

- ✓ Chase Brexton Health Services
- ✓ Bon Secours Health Systems
- ✓ Mercy Medical Center

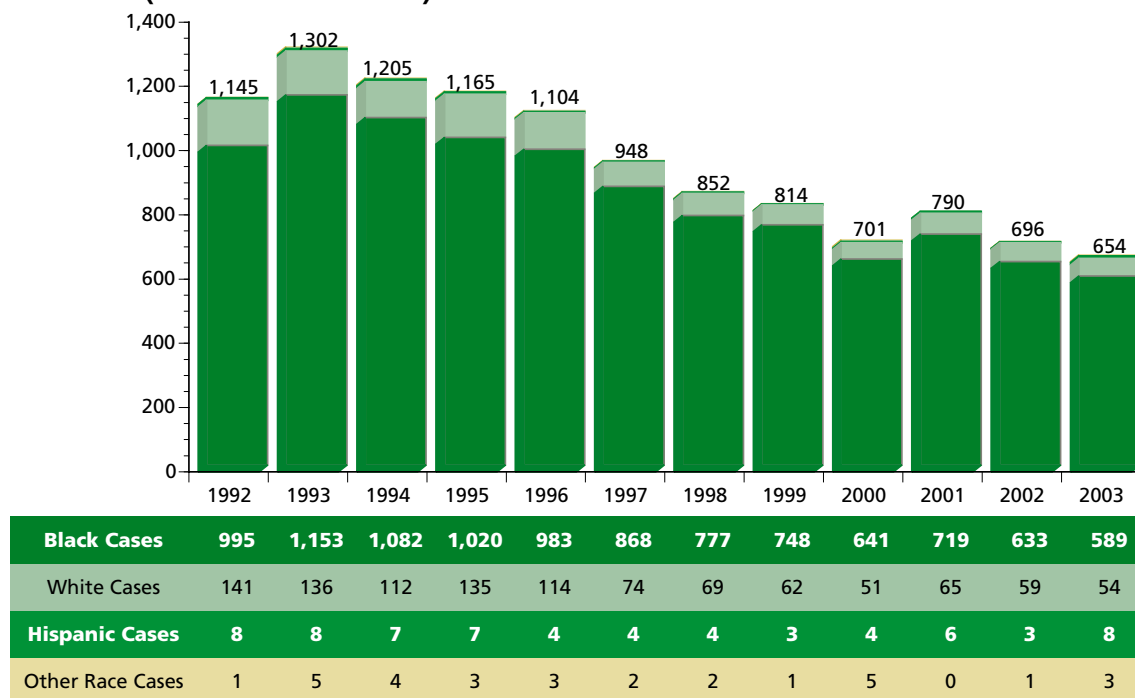
Confidential Testing Sites

HIV counseling and testing services provide an introduction to education and access to care in Baltimore City. BCHD provides such testing at the following sites:

- ✓ BCHD Sexually Transmitted Disease Clinics (Eastern and Druid Health Districts)
- ✓ BCHD Tuberculosis Clinic (Eastern Health District)
- ✓ Bon Secours Health System (Imani Center)
- ✓ Chase Brexton Health Services
- ✓ Johns Hopkins Hospital & Health System/Gynecology and Obstetrics
- ✓ Mercy Medical Center
- ✓ U. of Maryland Medical Center/Obstetrics, Gynecology & Reproductive Services

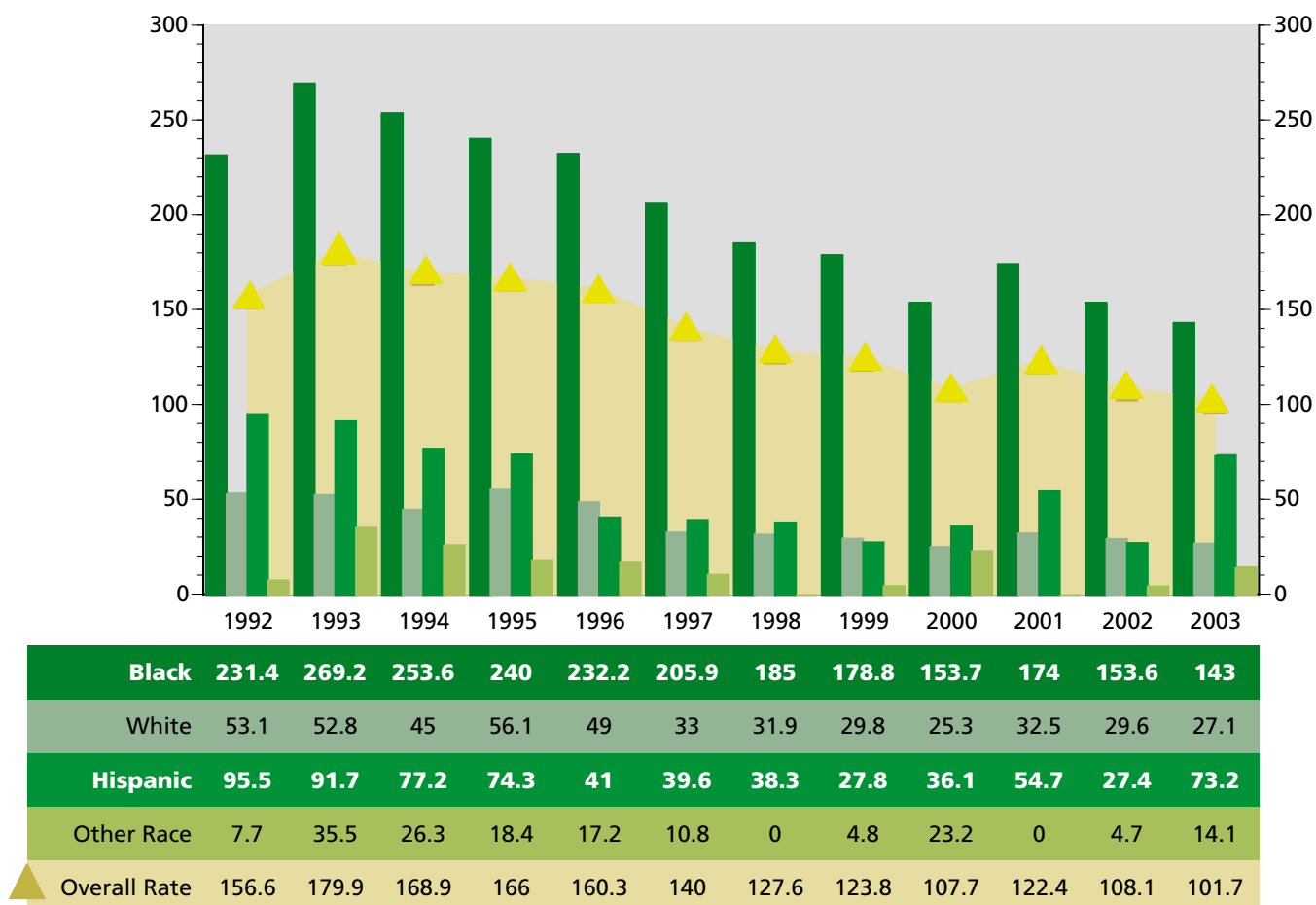
AIDS INCIDENCE BY RACE, 1992-2003

AIDS INCIDENCE (NUMBER OF CASES) BY RACE



Source: Maryland AIDS Administration

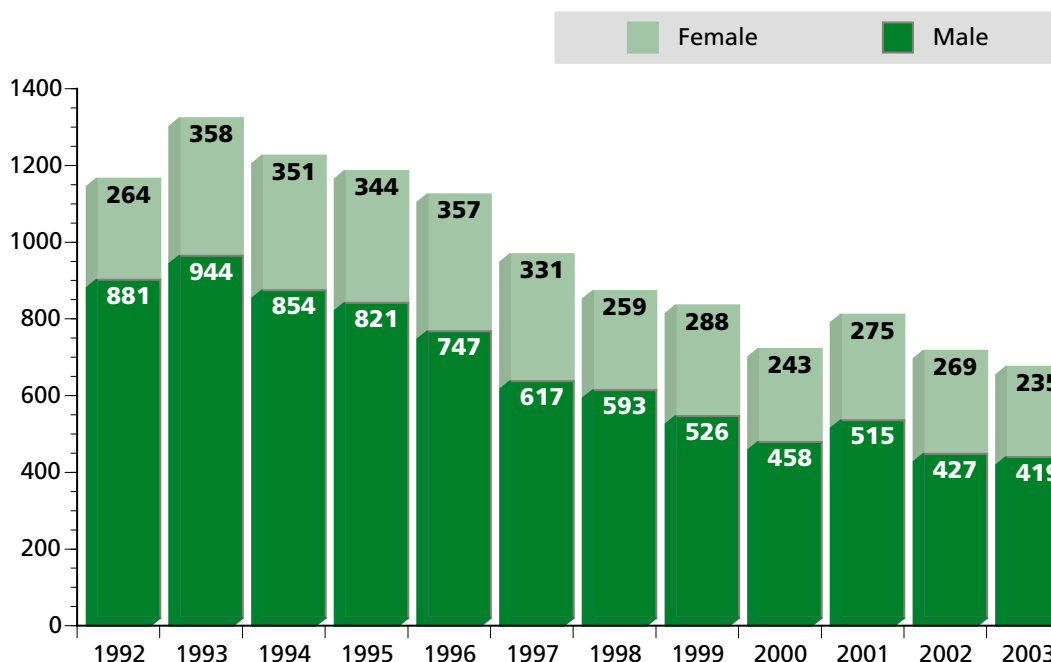
AIDS INCIDENCE RATES PER 100,000 POPULATION BY RACE, 1992-2003



Sources: Maryland AIDS Administration; US Census; rate calculations: Baltimore City Health Department

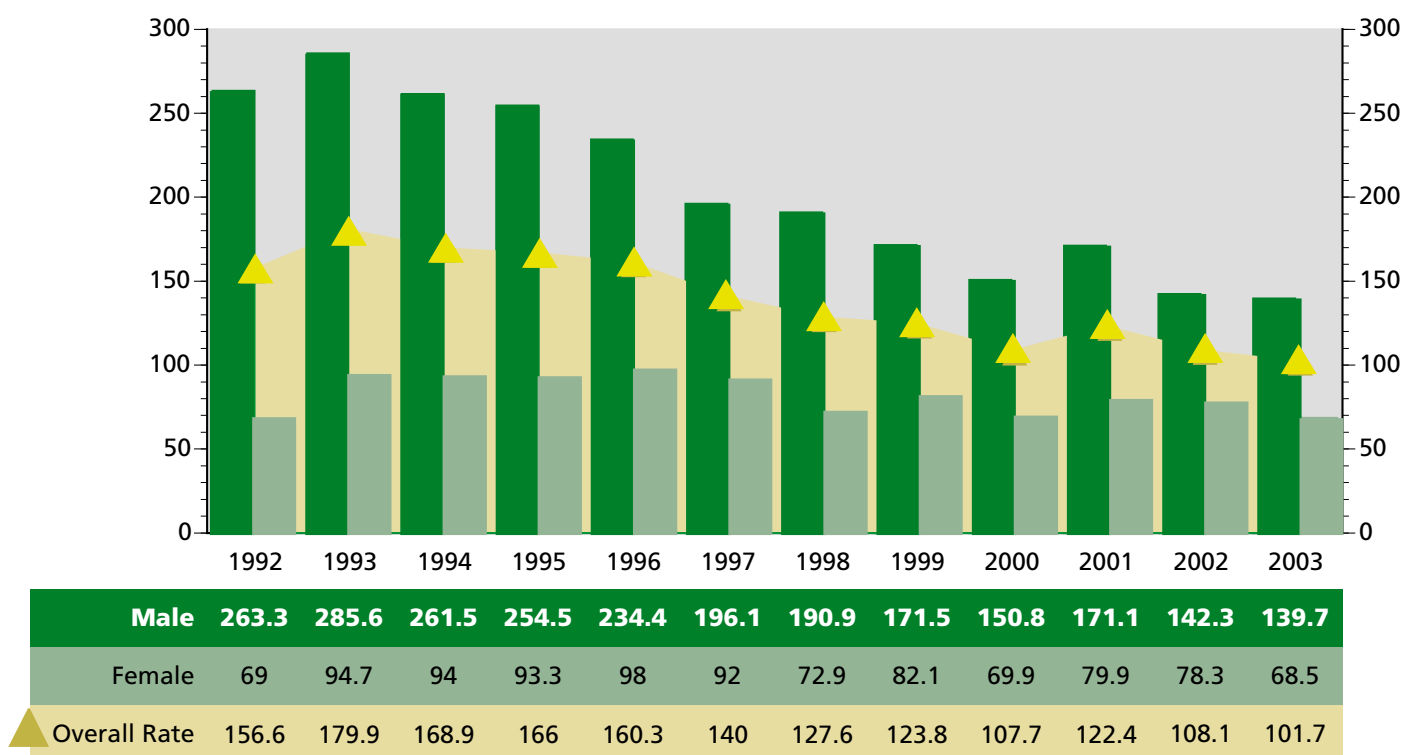
AIDS INCIDENCE BY SEX, 1992-2003

AIDS INCIDENCE (NUMBER OF CASES) BY SEX



Source: Maryland AIDS Administration

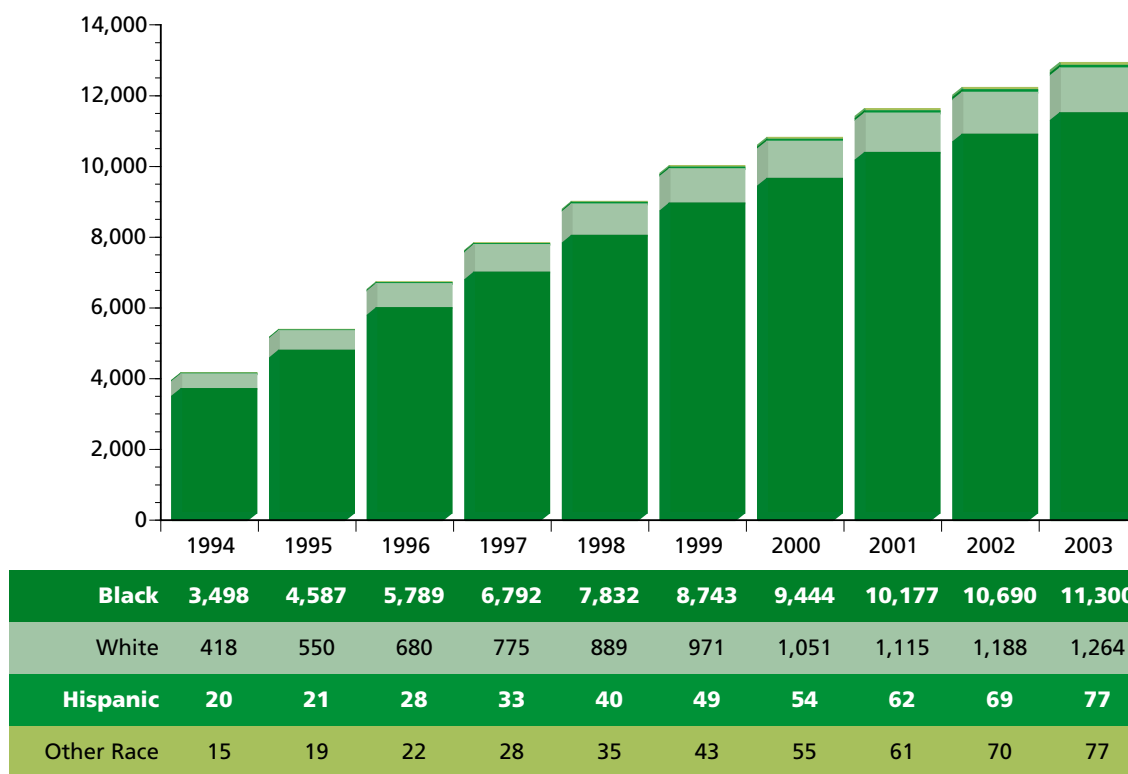
AIDS INCIDENCE RATES PER 100,000 POPULATION BY SEX



Sources: Maryland AIDS Administration; US Census; rate calculations: Baltimore City Health Department

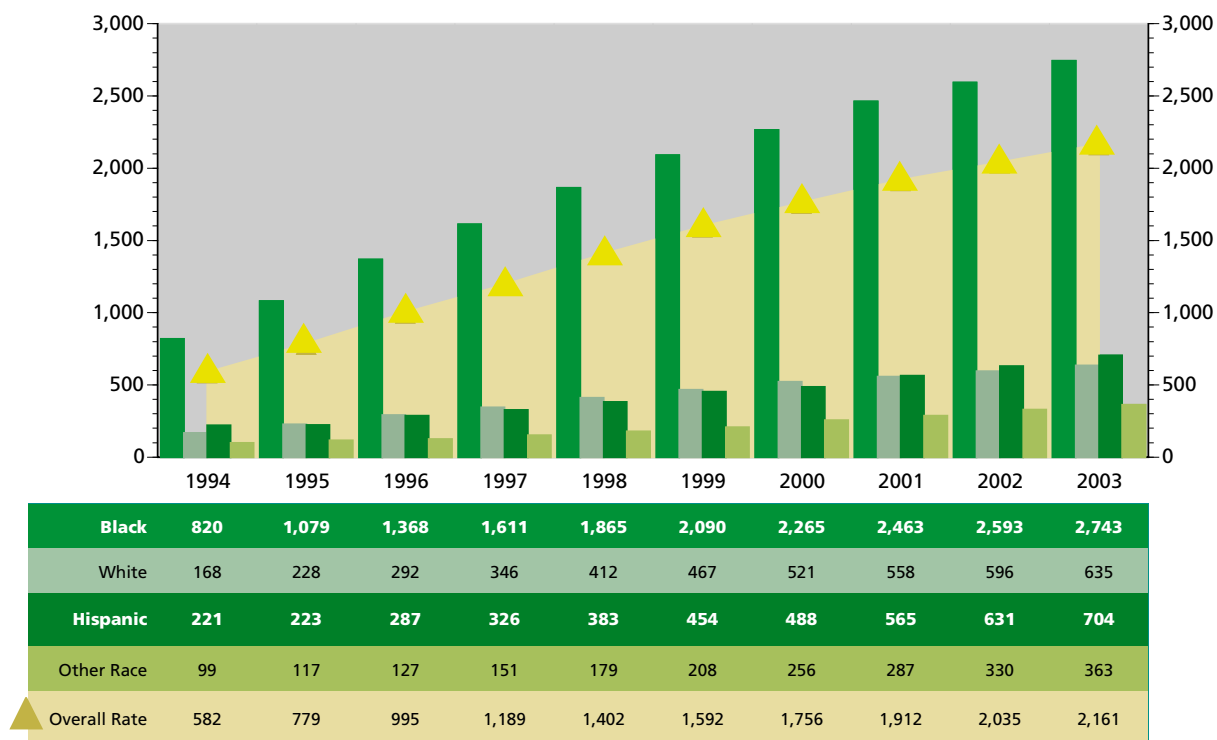
HIV/AIDS PREVALENCE BY RACE, 1994-2003

HIV/AIDS PREVALENCE (NUMBER OF CASES) BY RACE



Source: Maryland AIDS Administration

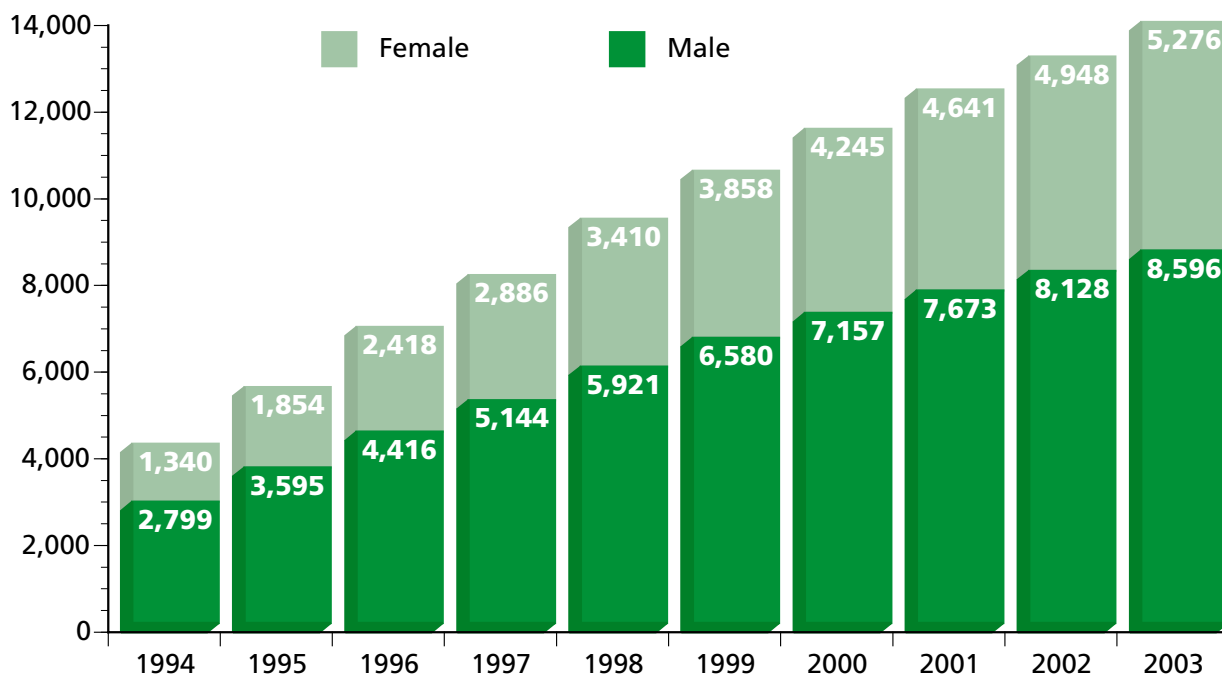
HIV/AIDS PREVALENCE RATES PER 100,000 POPULATION BY RACE, 1994-2003



Sources: Maryland AIDS Administration; US Census; rate calculations: Baltimore City Health Department

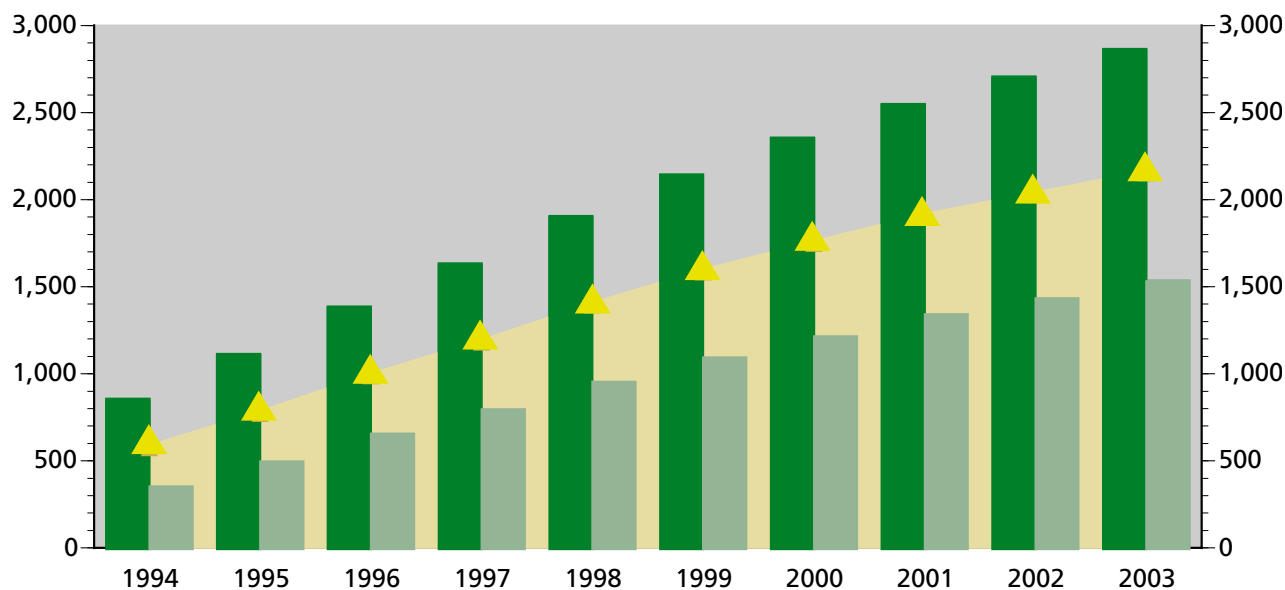
HIV/AIDS PREVALENCE BY SEX, 1994-2003

HIV/AIDS PREVALENCE (NUMBER OF CASES) BY SEX



Source: Maryland AIDS Administration

HIV/AIDS PREVALENCE RATES PER 100,000 POPULATION BY SEX

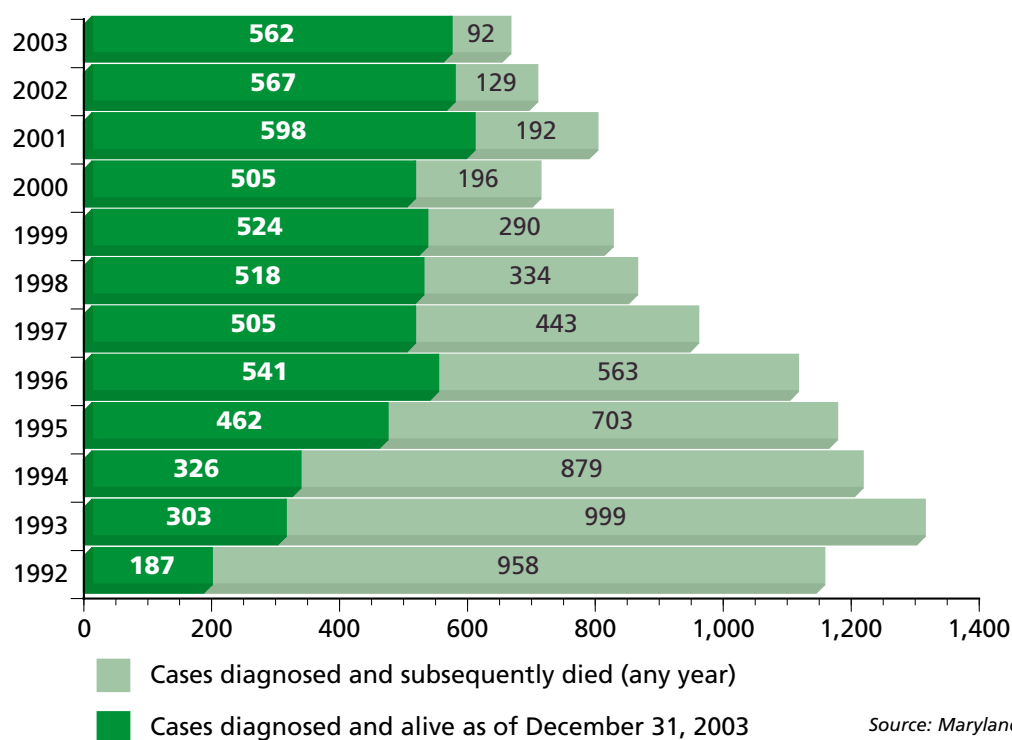


Male Rate	857	1,114	1,386	1,635	1,906	2,146	2,357	2,550	2,708	2,866
Female Rate	359	503	664	802	960	1,100	1,222	1,348	1,441	1,537
Overall Rate	582	779	995	1,189	1,402	1,592	1,756	1,912	2,035	2,161

Sources: Maryland AIDS Administration; US Census; rate calculations: Baltimore City Health Department

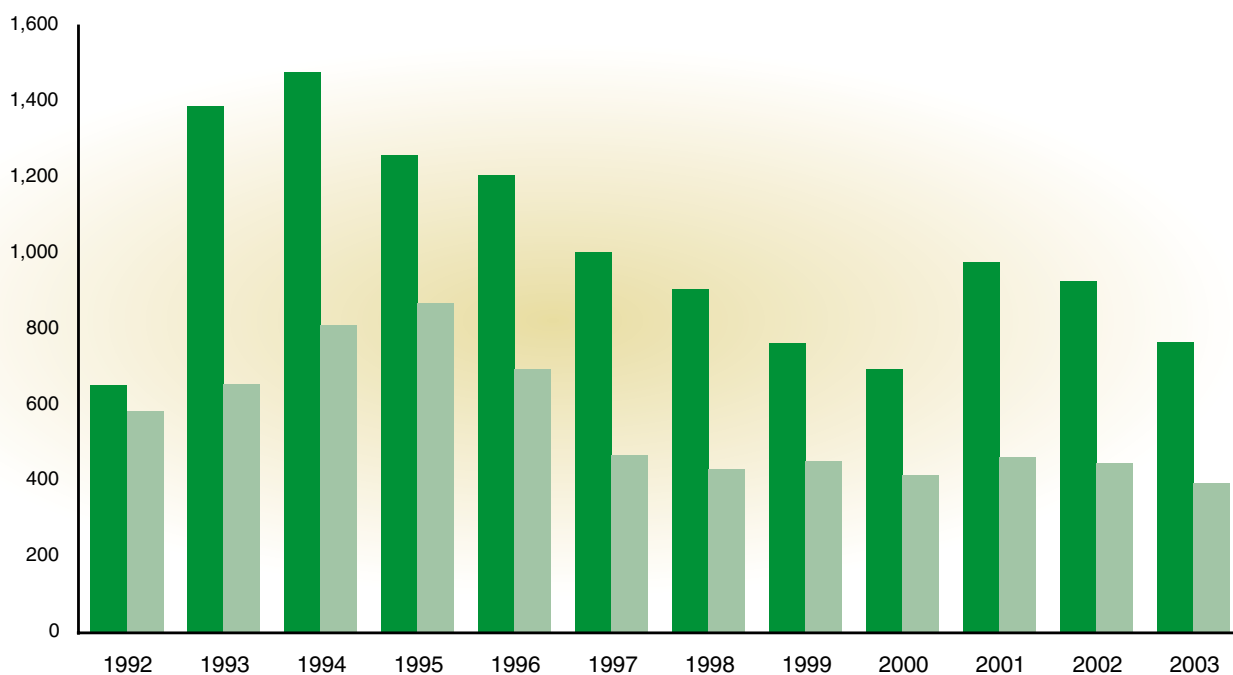
AIDS DEATHS

AIDS DEATHS AND SURVIVALS ASSOCIATED TO YEAR OF DIAGNOSIS, 1992-2003



Source: Maryland AIDS Administration

AIDS DEATHS BY YEAR OF OCCURRENCE, 1992-2003



Source: Maryland AIDS Administration

Reportable Diseases

Reportable Disease Incidence Trends

Hepatitis

Tuberculosis

64% Decline in Tuberculosis Over the Past Decade

HEADLINES Prevention, Education, and Surveillance Efforts Mounted
to Combat Hepatitis

REPORTABLE DISEASES INCIDENCE

Disease Group	1998	1999	2000	2001	2002	2003
Arboviral -- West Nile Virus	0	0	0	2	5	15
Campylobacteriosis	79	39	50	43	62	40
Chlamydia	5,679	5,289	5,440	5,407	6,256	6,498
Cryptosporidiosis	6	2	1	16	7	4
E. coli O157:H7	3	1	2	1	4	0
Encephalitis	0	7	5	4	4	5
Giardiasis	20	27	23	21	18	23
Haemophilus influenzae Group	19	25	26	31	29	24
Influenza	NA	29	23	159	227	147
Legionellosis	7	7	15	5	8	28
Listeriosis	4	3	3	1	1	5
Lyme Disease	5	18	8	15	12	7
Malaria	4	10	7	9	9	6
Meningitis Aseptic & Other	83	78	144	190	154	205
Meningococcal	11	10	7	12	1	3
Mumps	0	2	4	1	0	0
Pertussis	15	19	16	8	5	6
Rocky Mountain Spotted Fever	2	1	2	1	1	1
Salmonella	148	145	142	120	225	157
Shigellosis	25	21	48	34	687	168
Strep	17	115	16	51	156	478
Vibrio (non-cholera)	1	1	2	2	4	4

Source: Baltimore
City Health
Department

HEPATITIS

EFFORTS

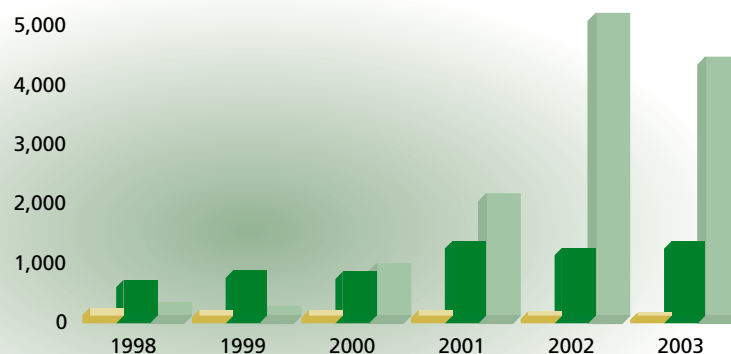
Surveillance and Research

- ✓ Developed the HOPE C Project, a unique integration between public health and medical management that removes barriers for implementing evidence-based medical treatment of African-American patients living with Hepatitis C.

Conferences

- ✓ *Hepatitis C Educational Training Seminar* that focused on HIV/HCV co-infection, hepatitis in the corrections system, and prevention for substance abusers.
- ✓ *Hepatitis C: An Overview for Service Providers* working with substance abusers.
- ✓ *Hepatitis C Training for the Needle Exchange Van*
- ✓ *National Viral Hepatitis Summit*, Hepatitis Foundation International

HEPATITIS INDICATORS



Acute Hepatitis A Incidence	135	98	92	92	69	57
Hepatitis B Prevalence	605	765	743	1,259	1,146	1,252
Hepatitis C Prevalence	224	156	875	2,046	5,086	4,348

Source: Baltimore City Health Department

Prevention

- ✓ Collaborated with vendors to donate hundreds of Hepatitis A and B vaccines to Baltimore City Health Department.

Education

- ✓ Developed Hepatitis C educational curriculum for correctional facilities in conjunction with HIV Prevention Program.
- ✓ Collaborated with Hepatitis Foundation International to train several hundred Baltimore City Public School teachers and coaches in liver wellness and hepatitis prevention.
- ✓ Promoted hepatitis prevention at the National HIV Testing Day, Baltimore Gay Pride events, National Black HIV Day and Help & Hope Hepatitis Support Group meetings.

GOAL: To lower the incidence of acute hepatitis A and reduce the disease burden from acute and chronic Hepatitis B and Hepatitis C infection.

TUBERCULOSIS

Baltimore City has experienced a 64% decrease in TB cases over the past ten years.

Most cases are U.S. born (88%), black (78%), male (61%) between the ages of 35 and 50 years.

Approximately 27% of the cases were found in persons 70 years and older. Among the high-risk categories, 24% of the cases are in HIV infected individuals and 14% are injection drug users.

INCIDENCE OF TUBERCULOSIS

EFFORTS

✓ Increased surveillance.

✓ Aggressive contact investigations

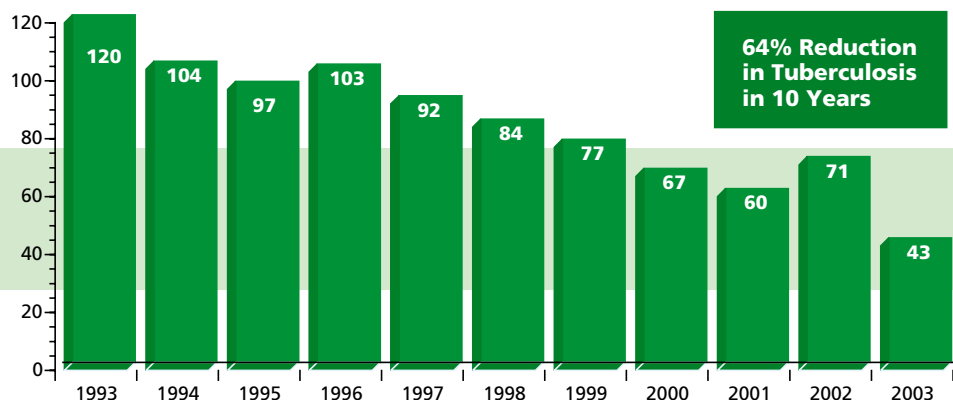
✓

Provided directly observed therapy (DOT) to nearly 100% of the patients. This highly successful approach to public health has resulted in a treatment completion rate of 97% for patients who completed the recommended course of treatment.

✓

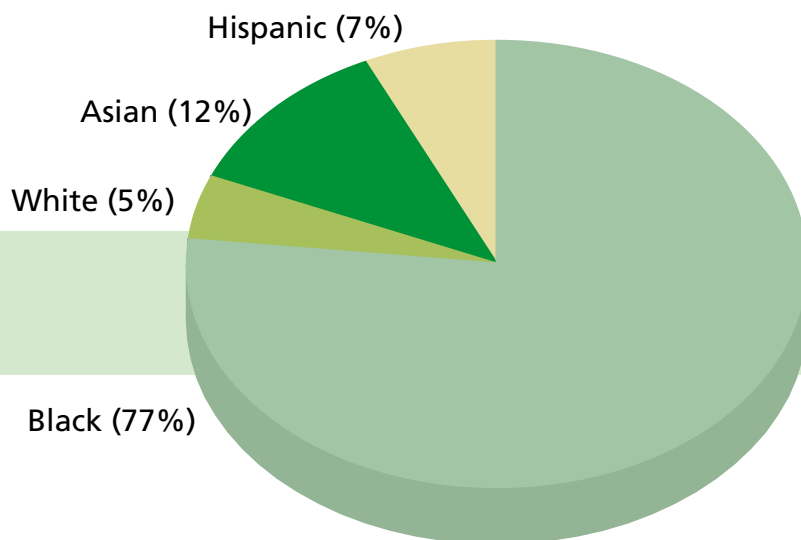
Offered expertise in the diagnosis and treatment of HIV infected patients in collaboration with Johns Hopkins University.

GOAL: *Elimination of tuberculosis (1/100,000 population) by 2008.*



Source: Baltimore City Health Department

INCIDENCE OF TUBERCULOSIS BY RACE



Source: Baltimore City Health Department, 2003; percentages total above 100% due to rounding.

Cancer

Cancer Incidence

Cancer Mortality

by Race, Sex, and Site

CANCER

CANCER INCIDENCE, 2000

Cancer Site	Number of Cases						Incidence Rate					
	Total		Male		Female		Total		Male		Female	
	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore
All Sites	24,551	3,321	12,699	1,732	11,846	1,589	486	505.8	585.5	645.5	417.7	415.4
Oral Cavity and Pharynx	573	109	400	83	173	26	11.1	12.4	17.2	29.9	6.1	6.8
Esophagus	292	60	224	39	68	21	5.8	9.1	10.1	14.4	2.4	NA
Stomach	324	63	194	38	130	25	6.6	9.4	9.4	14.4	4.6	NA
Colon and Rectum	2,778	370	1,426	177	1,351	193	56.2	55.7	69.2	69.3	47.4	47.9
Liver and Intrahepatic Bile Duct	258	50	163	32	95	18	5.1	7.8	7.3	12	3.4	NA
Pancreas	542	84	253	38	289	46	11	12.7	12.1	14.5	10.2	11.4
Larynx	242	60	185	45	57	15	4.7	9.2	8.2	16.3	2	NA
Lung and Bronchus	3,538	589	1,956	333	1,581	256	71.1	89.3	91.4	124.4	56.2	65.7
Melanomas of the Skin	902	50	526	34	376	16	17.2	7.6	22.8	13.1	13.2	NA
Malignant Breast	3,781	421			3,781	421	133	114.7			133	114.7
in situ Breast	933	97			933	97	32.9	27			32.9	27
Cervix	226	45			226	45	7.9	12.5			7.9	12.5
Uterus	581	78			581	78	20.6	20.4			20.6	20.4
Ovary	390	50			390	50	13.8	13.1			13.8	13.1
Prostate	4,080	516	4,080	516			187.2	191.9	187.2	191.9		
Testis	125	8	125	8			4.7	NA	4.7	NA		
Urinary Bladder	984	106	718	65	266	41	20	16	35.5	25.9	9.4	9.9
Kidney and Renal Pelvis	553	75	347	40	206	35	10.8	11.5	15.4	14.7	7.3	9.4
Brain and other Nervous System	350	35	199	19	151	16	6.7	5.3	8.3	NA	5.4	NA
Thyroid	490	39	115	5	374	34	9.1	6.1	4.6	NA	13.2	9.6
Leukemia	542	62	289	33	253	29	10.8	9.4	13.6	11.8	8.9	7.5
Hodgkins Disease	156	26	82	16	74	10	3	4	3.3	NA	2.7	NA
Non- Hodgkins Lymphomas	882	114	434	52	447	62	17.4	17.5	19.5	18.3	15.8	16
Multiple Myeloma	275	40	148	19	127	21	5.5	6	7	NA	4.5	NA

Source: Maryland Cancer Registry, Maryland Department of Health and Mental Hygiene

Notes:

Five or fewer cases are not presented, per MCR/DHMH Data Use Policy

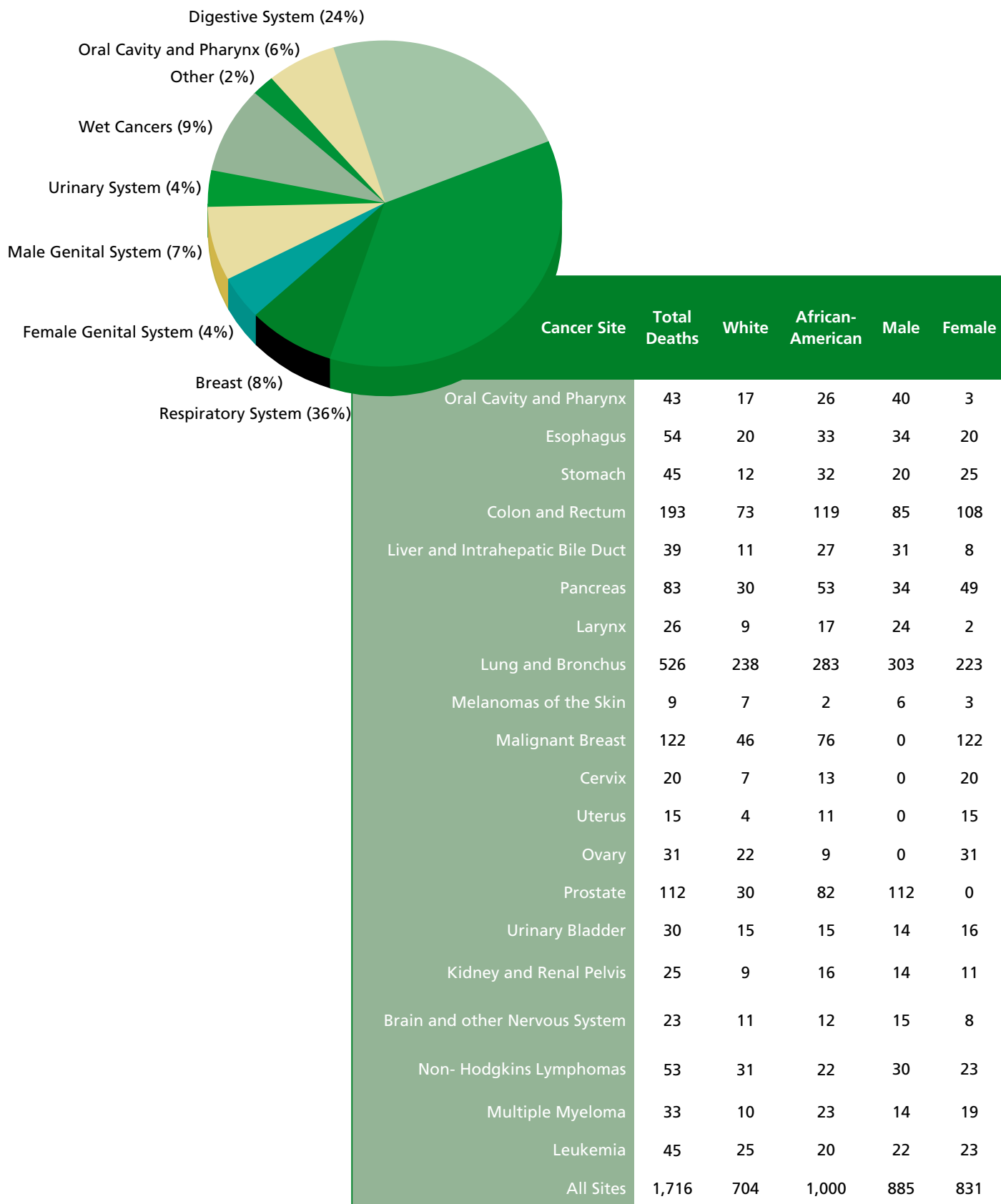
NA= Rates based on 25 or fewer cases are not presented, per MCR/DHMH Data Use Policy

Rates are per 100,000 and are age-adjusted to the 2000 U.S. Standard Population

2000 is the most recent year for which statistics are available.

Cancer Deaths By Site and Race	Number of Deaths			Mortality Rates		
	Total	Black	White	Total	Black	White
All Sites	1,716	1,000	704	259.3	274.2	240.4
Lung and Bronchus	526	283	238	79.2	76.0	82.1
Breast	122	76	46	31.5	34.5	27.0
Prostate	112	82	30	48.1	71.5	25.9
Colon and Rectum	193	119	73	29.2	33.9	24.4

CANCER DEATHS



Source: Maryland Cancer Registry, 2000

Mortality

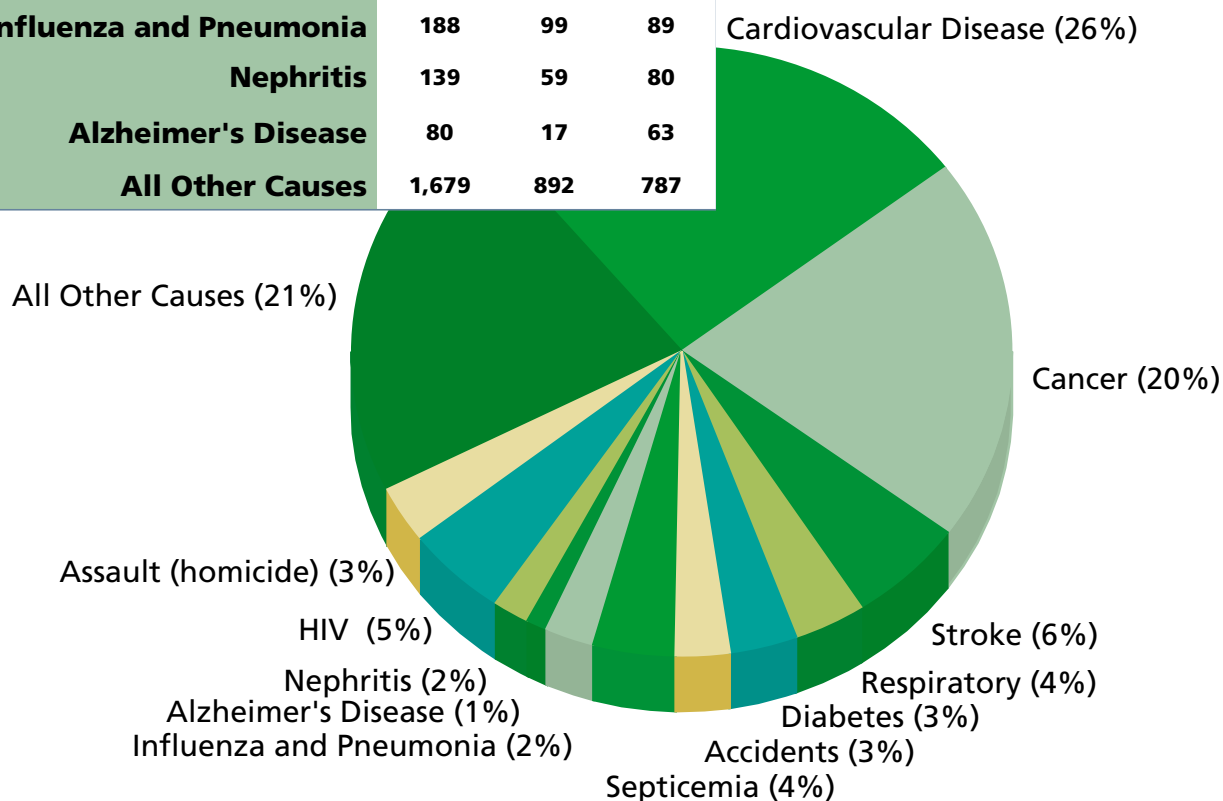
Leading Causes of Death
Historical Mortality Trends

HEADLINES Heart Disease and Cancer Remain Top Causes of Death
Homicide Hovers at #8 Leading Cause of Death

MORTALITY

LEADING CAUSES OF DEATH, 2003

Leading Causes of Death	No. of Deaths	Male	Female
All Causes	7,853	4,050	3,803
Cardiovascular Disease	2,027	995	1,032
Cancer	1,605	814	791
Stroke	451	167	284
HIV	390	284	106
Septicemia	316	134	182
Respiratory	275	117	158
Diabetes	259	120	139
Assault (homicide)	239	218	21
Accidents	205	134	71
Influenza and Pneumonia	188	99	89
Nephritis	139	59	80
Alzheimer's Disease	80	17	63
All Other Causes	1,679	892	787



Percentages of pie charts may not add to 100% due to rounding-off.

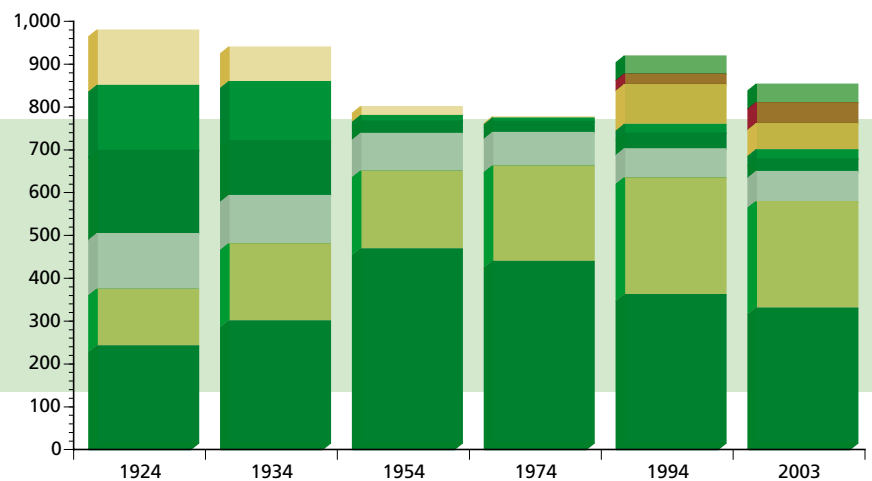
Source: Baltimore City Health Department

HISTORICAL MORTALITY TRENDS

	1924	1934	1954	1974	1994
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Pneumonia	Cancer	Cancer	Cancer	Cancer
3	Nephritis	Nephritis	Cerebral Hemorrhage	Cerebral Hemorrhage	HIV/AIDS
4	Cancer	Pneumonia	Accident	Accident	Cerebral Hemorrhage
5	Cerebral Hemorrhage	Cerebral Hemorrhage	Pneumonia & Influenza	Cirrhosis	Respiratory (COPD)
6	Tuberculosis	Accident	Infant Death	Homicide	Homicide
7	Infant Death	Tuberculosis	Tuberculosis	Diabetes	Diabetes
8	Accident	Infant Death	Diabetes	Pneumonia&Influenza	Pneumonia&Influenza
9	Diarrheal	Synhilia	Cirrhosis	Infant Death	Accident
10	Syphilis	Diabetes	Congenital Malformation	Suicide	Septicemia
Homicide Rank	16	16	14	6	6

Source: Baltimore City Health Department Annual Reports

COMPARING AND TRACKING 1924's AND 2003's SIX MAJOR CAUSES OF DEATH (RATES PER 100,000 POPULATION)



	1924	1934	1954	1974	1994	2003
Heart Disease	227	285	453	424	346	315
Cancer	132	180	182	223	273	249
Cerebral	130	113	88	78	68	70
Pneumonia	194	128	29	26	37	29
Nephritis	152	138	13	8	20	22
TB	129	81	21	3	0	0
HIV/AIDS					93	61
Septicemia					24	49
COPD					43	43

